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ANNUAL REPORT

For the Year 1925

ON THE

HEALTH OF PLYMOUTH

AND ON THE

Health Services of the Borough

BY

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PREFACE.

To the Mayor, Aldermen and Councillors of the County Borough of Plymouth.

Ladies and Gentlemen,

I have the honour of presenting to you my First Annual Report upon the Health of Plymouth.

It happens that the year 1925 was a " Survey Year " regarding which the Ministry of Health requires a specially detailed report, and not merely the presentation of statistical matter as in other years. For that reason this Report contains considerable detail.

In the words of a Circular of the Ministry of Health, " One of the main purposes of the compilation of the Report is that, by giving it the widest possible publicity, it shall engender a popular interest in the subject, and an enlightened public opinion which shall support the Local Authority in realising its high responsibilities for the health of its area, and in remedying, at the earliest opportunity, the various defects which the survey may bring to light. Such an increase of public knowledge and interest in these matters may also become an effective means of educating the citizens in the more important conditions of public health, of warning them against particular dangers, and of securing that highly important co-operation and confidence between them and the Health Authority and its staff which is essential to successful health administration." I hope that this present Report may help in accomplishing this.

It is always a difficult matter to take up a new appointment, especially when much re-organisation is entailed, and I should like here to place on record my thanks to the various members of my staff for their help and co-operation. I should like also to thank the members of the Town Council, the Town Clerk and the heads of Corporation Departments for their assistance and encouragement.

I am, your obedient Servant,

A. T. NANKIVELL,

Medical Officer of Health.

Town Hall,
Stonehouse.
12th January, 1926.

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GENERAL VITAL STATISTICS.

(*See Tables 2, 4, 5, 14, 24 and 46*).

Population 1921	210,036
Population 1925	211,078
Area (in Acres)	5,711
Death Rate, 1925	12·2 per 1,000 pop.
Birth Rate, 1925	18·1 per 1,000 pop.
Infant Mortality Rate, 1925	63 per 1,000 births.

THE AIM AND PURPOSE OF OUR HEALTH SERVICES.

The activities of a modern and living public health department are various and widespread. We deal with such matters as infectious diseases, tuberculosis, infant mortality, defective drains, the health of mothers, food, the health of the people in general, hospitals, port sanitation, housing, laboratory work and research, the health of school children, the suppression of rats, disinfection, teaching and propaganda work, and any amount of other things. There was a time when the Medical Officer of Health and his Staff were thought to be glorified plumbers, but that was a long time ago. We have now to consider the individual and not his drains, his health rather than his cesspit, and his environment and occupation rather than his gully-traps. The Medical Officer of Health to-day is, or should be, the expert medical sociologist of the Town in which he works.

After all, the health services of Plymouth and of the rest of England are attempting to give good health to the people. It is for that purpose that they were established. It is almost a truism to say that the working man is a Capitalist : the fact is self-evident : his Health is his Capital. The richest millionaire sickening to death of some disease is a pauper compared to the poor man who has his health and joy in life. " There's night and day, brother, both sweet things. Sun, moon, and stars, brother, all sweet things. There's likewise the wind on the heath. Life is very sweet, brother, who would wish to die ? " But ill-health and chronic disability never feels this—the joy of living—and it is to give this possibility, this joy in life, to every child and to every person that our Health Departments exist in this country to-day.

But we must begin with the children. They must be born of good parents, healthy and strong. They must be well cared for before birth, at birth, and afterwards. We take infinite pains to rear our racehorses and pedigree cattle, but we take no such trouble to ensure that man shall be a decent race. In the work of our Maternity and Child Welfare Centres rests the hope of the future.

And, when the child goes to school, the beginnings of disease, and therefore its prevention, is in the hands of the School Medical Service (see page 58). To turn a child out of school at the age of 14 years, crippled in body or crippled in intellect because of physical defect, is a gross wastage of public money. Before the Americans could finish the Panama Canal, they spent millions in the eradication of disease in that area, and before we can complete the education of our children it is necessary to clear away the disease among them ; for a sick child cannot learn.

In order that healthy people may live under healthy conditions it is necessary that they should have a proper and safe water supply (page 23). a sufficient drainage system (page 25), decent scavenging (page 25), a pure food supply (page 30), and good and clean housing conditions (page 28), and these are matters with which my Department is intimately concerned.

Although a child may be well born and well brought up among hygienic and healthy surroundings he is, nevertheless, exposed to occasional risks of infection, and to prevent these risks and to treat their results when they occur, the Public Health Department is responsible. The Health Services of our Town, by the investigation of cases, by isolation and disinfection, does its best to prevent the incidence and mortality from the common infectious diseases such as Scarlet Fever, Diphtheria, Measles and Whooping Cough (page 36). It deals also, with tuberculosis in children and adults (page 43) and with Venereal Diseases (page 51). Imported infectious diseases are also controlled by your Public Health Department (page 78), and all this is aided by our laboratory work (page 22).

But no country and no individual, however keen is the health administration, can be made healthy by Act of Parliament or by other legislation. Health comes to those who desire it and who desire it early in their lives. It is not a prize to be won by old age, by the careless, by those whose lives are wrecked easily and thoughtlessly ; but it is the prize waiting for every eager child. The old Greeks, in the days of Hippocrates and Plato, thought that there were three ideals which the race of man should strive to attain, and these were Beauty, Truth and Goodness ; and no modern ethics have yet surpassed that standard. The healthy body is always beautiful, and the healthy mind is always good and true. It is only disease which is ugly and evil.

To view the health of the people from the point of view of economics—of pounds, shillings and pence—is not unprofitable. A sick town is a poor town and a healthy town is a health resort. Nothing costs more than sickness, and nothing so much as sickness fills our workhouses. No healthy man goes there ; no strong woman sends her children to the Poor Law ; no person strong in body and mind would become a derelict. A blind child costs the State as much as a seeing and healthy adult can earn ; a sick man loses as much or more than a healthy man makes, and chronic disability or sickness is of far greater financial loss to all of us than are strikes and trade disputes.

No legislation, as I have stated, can provide health to the individual, it can come only of his own free will and accord. In order to encourage, to foster this desire for health it is necessary to teach the people, and that is the first and greatest demand on our Public Health Services to-day. The man, woman and child receives personal instruction at our Clinics, Centres, Dispensaries, Hospitals and Sanatoria, and there are other ways, such as by the visits of Health Visitors, Sanitary Inspectors and School Nurses, by lectures, interviews, meetings, leaflets, broadcast talks, and other means, by which the principles and practice of health can be brought home to the people—into the actual home of that person whose health is all in all to him. I do not know of any better method of improving local and national health than by means of propaganda, and I have spared neither time nor energy since I began my work in Plymouth in attempting to spread the ideals of health among the people. This would perhaps be the best place in which I could thank the Press for the help they have given me in this work. I cannot conceive any influence which can be more powerful for good than our newspapers, and I feel sure that their efforts towards the improvement of the health of our Town have led to the saving of the lives and health of many people.

PUBLIC HEALTH ORGANISATION.

The Public Health Services in the Borough of Plymouth are under the control of the Medical Officer of Health. How wide an area is covered by this work is shown in Table I. of the Appendix. This Table shows how the Health Services of our Town are co-related and controlled from one centre. Unification of control is the only sure and certain way of obtaining the maximum of efficiency with the minimum of expenditure. It has been my desire during the past year to obtain this central control, and also co-operation between the various branches of my department, and this has, I believe, been gained. No longer is the Tuberculosis Department, or the School Medical Service, or the Venereal Diseases Department, or the Housing Department, or the general Public Health Department a separate entity. There is now co-operation and correspondence between all these, since each feels and appreciates the fact that it is working under one common supervision to the good not only of itself but also of the well-being of the Town. To put in order a Public Health Department is no easy matter, and I do not wish to infer that this re-organisation is yet complete ; but such re-organisation when it occurs should come into being gradually, without fuss, without long reports and publicity : and this has happened in Plymouth. It is, after all, a matter of internal administration and day-to-day supervision rather than a matter for publication. Like spring-cleaning, it is a messy business, domestic, and not to be broadcast.

HISTORICAL.

From the days of romantic legend when the giant chief Goemagot and his monstrous companions fought the invading Trojans on the Hoe, Plymouth has been a centre of England's naval and commercial life. In the Bronze Age merchants came from afar in their ships of Tarshish to purchase tin and fish, and " the island at the Tamara mouth " (Drake's Island) was an enterprising trading station. There is evidence of occupation in Roman and Saxon times. The town was first represented in Parliament in 1292. In the days of Richard II. its population was seven thousand, and in 1377 it was one of the four largest towns in England ; London, York and Bristol alone surpassing it. In 1412 the " fischars of Sutone " protested against paying tribute to the ecclesiastical authorities at Plympton, and claimed the right of self-government. It was not, however, until 1439 that incorporation by statute was granted and the town was re-christened Plymouth.

Plymouth's policy of commercial adventure under Drake, Hawkins, Raleigh and others, shaped the national course, established England's sea power after the defeat of the Armada, and inspired the spirit of colonial enterprise which, when the Pilgrim Fathers departed in the *Mayflower* in 1620, had already resulted in the colonisation of Virginia. It was to Plymouth men, Trelawney and others, that the first charter was granted for trading with America, and this developed into the State of Maine. In the Parliament interest, the town successfully resisted a siege by King Charles I. in 1644. The development of the Three Towns as a Dockyard base from " the spacious days of Queen Elizabeth " kept pace with the expansion of the Empire. Great sea-borne outbreaks of plague, cholera and other diseases occurred from time to time, from which in these happier days we are safeguarded by port sanitary administration.

NATURAL AND SOCIAL CONDITIONS OF THE AREA.

The Borough of Plymouth has been termed the Metropolis of the West of England and is the main centre of industry and trading in Devon and Cornwall. The chief industry of the Town is His Majesty's Dockyard and apart from this there are no large factories in Plymouth. Our town is the shopping centre for Cornwall and for that part of Devon west of Dartmoor, and in consequence many of the inhabitants of Plymouth are engaged in shops and in general trading. Other details of occupations and industries are given in Table 2.

Site. The site of the town is upon a series of natural terraces sloping south to the sea, and forming part of the foothills of Dartmoor. The harbour, which is one of the finest and most extensive in the world, opens to the south. Upon the west side it is protected by the beautifully wooded heights of Mt. Edgcumbe, on the east by the high land of Bovisand, while the Breakwater protects from S. and S.W. seas. The inner harbour (the Hamoaze) which is used practically exclusively by ships of the Royal Navy, is formed by the estuaries of three rivers, the Tamar, Tavy and Lynher, and is land-locked.

Climate. The two main factors influencing the climate locally are the proximity of the town to Dartmoor, and its position on the Devon and Cornwall peninsula. The cold body of air on Dartmoor tempers the summer heat. The Devon and Cornwall peninsula is not only further south, but is also more completely enveloped by the warm waters of the Atlantic than any other part of the British Isles, hence our temperate sunny summers and our mild winters. Plymouth stands fourth in the British Isles list for Hours of Sunshine. The amount of bright sunshine recorded in Plymouth in 1925 was 1795 hours. In an average year the duration of bright sunshine is well over 1600 hours. Plymouth has a quite unjustified reputation as a rainy place, and it is as well to lay this bogey once for all. The fact is that rain here falls mostly at night, but by day we have twice as much sunshine as Birmingham and other Midland and Northern Towns. It is true therefore to say that we have rainy nights but very fine warm sunny days, and from the holiday point of view that is all which matters.

I am indebted to H. Victor Prigg, Esq., Borough Meteorologist, for the following description of the climatic conditions during 1925.

The year presented somewhat variable characteristics, the most striking being the very cold and wet early months, fine spring and remarkably dry June with an abnormal amount of sunshine. The weather during the holiday months of August and September was very disappointing, proving deficient in sunshine with exceptionally heavy rainfall. This was succeeded by a spell of remarkably fine weather from the beginning of October until the middle of December. The mean temperature was only 0.1° F. higher than normal.

Rainfall was 3·08 inches above the average, the heaviest daily fall being 1·44 inches on the 19th of December. There were five more wet days than usual.

Sunshine was 130 hours more than usual. The day with the greatest amount of sunshine 14·6 hours was the 15th June.

The prevailing winds were from the South-West, and the highest velocity in a gust recorded during the year was 70 m.p.h.

A table showing the Climatological observations for the year is given in the Appendix (Table 3).

Tourist Centre and Holiday Resort. As a tourist centre Plymouth is unsurpassed. An hour's journey by sea, river or land brings one to the most beautiful coast scenery in England, delightful winding river valleys full of natural beauty, legend and romance ; the lovely woodland glades, vales and combes of Devon and Cornwall, and the " rolling downs and jagged tors of Dartmoor, with its exhilarating breezes." From the sea level to a mountain of 2,000 feet there is every variety of scenic interest. The naval and military forces stationed here add colour and interest to the life of the town.

Travelling facilities. There are excellent railway services and five main stations in the town, and frequent bus and tram services both within the Borough and to adjacent places of interest.

Rateable Value. The rateable value of the Three Towns is £1,025,330 and a penny rate produces the sum of about £4,698.

Number of Inhabited Houses. The census of 1921 shows that there were 29,610 inhabited houses in the Borough at the time the census was taken.

Number of families or separate occupiers. The Census of 1921 shows that there were 53,288 in the Borough at that time.

GEOLOGICAL FEATURES OF THE DISTRICT.

I am indebted to the Deputy Mayor, Mr. Councillor J. E. Pillar, F.G.S., for the following account of the geology of the district.

The geological features of the area embraced within the Borough boundaries are comparatively simple when viewed in the light of the complex character of the surrounding country.

The strata to the south of the town, which embraces both sides of the Sound, and reaches to the English Channel, is composed of the Sandstones and Grits as exhibited at Bovisand and Picklecombe and the Slates which are exposed in the Cliffs at Jennycliffe and Batten Bays. This series of rocks belongs to the Lower Devonians.

Following them in sequence, we have the Middle Devonian which is represented by the Limestone Ridge "an old barrier reef," the same starting at its western extremity in the Dockyard and proceeding eastward embracing the Devil's Point, Millbay, The Hoe, Mount Batten, Cattedown, on to the Pomphlett and Billacombe quarries beyond the Borough boundaries.

To the north of the Limestones, commencing at St. Andrew's Cross the slates of the Upper Devonian are well represented, these rocks forming a succession of hills until they reach the metamorphic aureole which is developed around the Dartmoor Granites.

Interstratified and associated with the rocks of our neighbourhood is a very interesting group of Trap or Volcanic Rocks. In the area to the South they can be observed amongst the Lower Devonians at Mount Batten Bay, continuing across the Sound to Drake's Island which is largely composed of this material. In the Upper Devonians the Trap Rock occurs in extensive sheets which are more regularly interstratified and stretches across the country from Efford Fort proceeding by way of the Corporation Cemetery, Hartley, Ford to Saltash Passage. Sections of this rock can well be viewed *in situ* at Townsend Hill and Hartley.

Because of the fact that these pillow lavas are harder in their character than the adjoining slates they have resisted the weathering agencies better, and through this successful resistance are now found capping the tops of our hills as they ascend towards the Moors. The most interesting of these Trap Rocks is that which lies between the slates and the northern edge of the limestone beds. It has been well exposed at St. Andrew's Cross, passing along Bedford Street and by the Prudential Buildings westward as far as Mount Wise. It is not only interstratified but would appear to fill in pockets in the adjacent limestone.

Our district has undoubtedly, as would be expected in view of the antiquity of our rocks, been subjected to great changes owing to earth movements. Because of these forces the strata have been greatly contorted and tilted, and are consequently found with their beds inclining at a great angle. This is of an immense value to us from a meteorological standpoint, receiving as we do a considerable amount of rain in the course of the year. Because of the hilly contour of our area, the rain as it falls, quickly makes its way down to the lower levels into the sea and the surfaces are thus speedily drained. Owing to the contour features there is very little of our town that is of a level character, and where such does occur it is at those places that were originally inlets to the sea and have been reclaimed from the same by damming back the tidal waters—illustrations of these occurrences being found at Millbay and Laira. Paleontologically our rocks show a great disparity. The northern slates are almost devoid of all organic remains, whilst in the slates of Jennycliffe and along the line of strike via Staddiscombe many such may be met with, and also in the Bovisand Grits.

When we examine the Limestones it becomes obvious how abundant must have been the marine life at that period. Here Corals and Encrinites are in profusion, the former especially being remarkable for the variety of the species ; Univalves and Bivalves have also been met with at certain places in great numbers.

No other Geological Epoch is represented within our Borough Area until we come down to the Post-Tertiary times and then a very interesting group of very recent developments calls for notice.

The caves in our Limestones at Cattedown and Oreston have furnished us with the remains of animals that are no longer found in Europe and also the remains of man.

The raised sea beaches under the Hoe and at other spots around the harbour tell of earth movements which have taken place, and at various places the surface condition of some of our strata can only be accounted for by the action of Ice.

VITAL STATISTICS.

Tables showing the main figures of the vital statistics are given in the Appendix. These Tables of statistical matter, although they do not always make very interesting reading, are to be considered as comparable to an annual balance sheet. They show the work done by the Health Department during the year and enable us to contrast the health of to-day with that in previous years.

Death Rate. During the year 2,405 deaths occurred in the Borough (Table 4) and the death rate was 12·2 per 1,000 population. A high death rate does not necessarily mean that a Town is unhealthy nor a low death rate that the town is sanitary ; for the death rate depends very much upon the age-constitution of the inhabitants. A town with a large number of persons between the ages of 5 and 50 years usually has a low death rate, but in a district where there is an excess of elderly persons the rate is necessarily high.

Birth Rate. During the year there were 3,832 births in the Borough ; this corresponds to a birth-rate of 18·1 per 1,000 population. This is one of the lowest rates on record. Apart from the controversial matters involved in the subject of birth control, it is obvious that it is much better for a mother to have a few healthy children who survive, rather than to be the mother of many who perish in early infancy.

Infant Mortality Rate. Out of 3,832 children born during the year 243 died during their first year of life. This corresponds to an infant mortality rate of 63 per 1,000 births. This rate is higher than it should be, and this is mainly due to many deaths from diarrhoea in the summer, to lung diseases in the winter and to prematurity and such related conditions. The infant mortality rate, far more than the death rate, is an index of the successful efforts of preventive medicine, and I hope to see a definite decline in this rate during the next few years. (See Table 24 and Chart B.)

COMMON CAUSES OF DEATH.

(*See Table 4*).

Infectious Diseases. These are considered in detail on pages 36 to 42.

Arterio-sclerosis (thickening of the arteries) and *cerebral hæmorrhage*) caused 225 deaths in 1925. There is a saying that a man is as old as his arteries. Rubber tubing, such as garden hose, grows in the course of time brittle and friable ; and arteries are very much the same. Old age, cerebral hæmorrhage and kidney disease may all of them be due to thickened arteries. The most common cause of arterial degeneration are stress and strain, alcohol and syphilis ; and these three causes of premature decay can be avoided by the intelligent adult. The strain and stress of modern life is considerable, and we crowd into our "few and evil days" three times as much as did our grand-parents, and yet we take only that amount of rest and sleep which they found to be sufficient. A man who has had a strenuous and busy day should rest and sleep his eight or ten hours at night if he wishes to keep his youth and arterial elasticity, and he should avoid excesses of every kind. Very much early degeneracy and decay could be prevented if the individual would appreciate the absolute importance of sufficient sleep and rest.

Heart Disease. During 1925 there were 300 deaths caused by diseases of the heart. Much invalidism and mortality from heart disease could be avoided if the beginnings of the disease were diagnosed in time, and the sufferer would take the necessary care of his slightly damaged heart. To ensure such early diagnosis a six monthly or annual overhaul by a competent physician is of the greatest preventive value, and several large insurance companies in America insist on this. Many wise men make it their practice to go every six months or so to see their dentist in order that he may treat the beginnings, and therefore prevent the spread, of dental diseases ; and we should see a great improvement in the health of the country if it became the custom to apply this principle of preventive medicine to other and more perishable organs of the body.

Cancer. During the year 288 deaths were attributed in Plymouth to malignant disease or Cancer. It is one of the conditions which causes much mortality and the cause of it is still obscure. It is not a disease of poverty, like tuberculosis, and it attacks people mainly over the age of 45. There is some evidence that the very real increase in Cancer during the last 20 years is due to the increased luxury of living, in other words that people can afford to eat much more than they need. Again, it is certain that cancer and chronic irritation go together, and that some conditions such as syphilis and gastritis predispose to the formation of new growths. In the appendix I have reproduced a leaflet which has been widely circulated by me in Plymouth during the past year. Early cancer is curable cancer, and the leaflet urges the sufferer to obtain advice and treatment at the earliest possible moment.

Bronchitis and Pneumonia together caused 410 deaths in our population last year. Often they were " terminal conditions " in that old people unable to stand much illness succumbed to them. On the whole our climate, warm as it is, does not pre-dispose to these infections ; and in this respect Plymouth may justly be regarded as a Health Resort. Old people come here to end their days, to escape from the fogs of London, the cold of the Midlands, or the bitter chill of the North ; and such persons prolong their days in our sunshine and relatively warm winters. In spite, however, of our natural advantages, pneumonia and bronchitis are still " the captains of the men of death," but much can be done to protect the individual from these infections by inoculations. Vaccine therapy against colds, influenza, bronchitis and pneumonia has had some measure of success, and it may be possible before next autumn for me to offer to doctors in the Three Towns a vaccine for their patients which will give them some chance of protection from winter colds, bronchitis and pneumonia.

Cirrhosis of the Liver and Bright's Disease or Nephritis are mainly, although not always, due to the excessive consumption of alcohol. During the year 69 deaths were attributed to these diseases. I should like in this place to take the opportunity of placing on record my opinion that Plymouth is relatively a sober Borough, compared to other Garrison and Seaport Towns with which I am familiar. " What shall we do with the drunken sailor ? " is a question which need hardly be asked in the Three Towns, for even in the worst streets it is uncommon to find a Service man or civilian the worse for liquor.

Congenital Debility, etc. During the year 243 babies died under the age of one year from various causes. This subject is discussed more fully on page 54. It is of interest, however, to notice that the deaths of babies due to pre-natal causes, to illness of the father and mother before the child was born, have varied very little during the last ten years. It is to be hoped that the increased ante-natal work which we are proposing, will in the course of years decrease materially this wastage of infant life, for it is a mere squandering of bodily energy for a mother to bring her baby to the birth and then find that it has not the strength to survive. (See also Chart B.)

THE AMOUNT OF POOR LAW RELIEF.

I am indebted to the Clerks of Guardians of Plymouth, Stonehouse and Devonport for the following information regarding the amount of Poor Law Relief in the Three Towns. At the end of the year there were 975 persons in receipt of Indoor Relief and 3600 who were receiving Out-door Relief from the Boards of Guardians.

THE GENERAL PROVISION OF HEALTH SERVICES.

(*See Table 18*).

Corporation Hospitals. The following hospitals are provided for the use of the inhabitants by the Town Council.

(1) Mount Gold Isolation Hospital (80 beds). This is a well built hospital for infectious diseases and is situated on the high land on the eastern side of the Town. Cases of Scarlet Fever, Diphtheria and Enteric Fever are nursed there. The hospital is well equipped and has its own laundry, mortuary and steam disinfecting plant. There is need for isolation beds within the hospital itself and this matter is at present receiving consideration by the Public Health Committee.

(2) Swilly Isolation Hospital. This is a hospital of 66 beds for the treatment of Scarlet Fever and Diphtheria. The closing of this hospital and the transference of its patients to new buildings at Mount Gold has been reported on by me during the year, together with a scheme for utilizing the present buildings at Swilly Hospital as an Orthopaedic Hospital.

(3) Didworthy Sanatorium—see page 46.

(4) Udal Torre Sanatorium—see page 47.

(5) Maternity Homes—see page 55.

(6) Smallpox Hospital. In the event of cases of Smallpox occurring in the Borough or Port of Plymouth they would be transferred to the Hospital Ship *Flamingo* (22 beds) which is moored in Jennycliffe Bay. Until, the Autumn of 1925 there was a Smallpox hulk, the *Maud*, moored alongside the *Flamingo*. This ship was more or less derelict, and, as she was leaking badly, was sold to a shipbreaker. Negotiations are in progress with Plympton Rural District Council for the use by the Borough of the Plympton Smallpox hospital at Lee Mill.

Other Hospitals. There are two large general hospitals in the Borough, namely the South Devon and East Cornwall Hospital and the Royal Albert Hospital ; in addition there is the Royal Eye Infirmary, the Ear and Throat Hospital, the Homœopathic Hospital, the Plymouth Public Dispensary and the Poor Law Infirmaries at Plymouth, Stonehouse and Devonport.

Other Institutions. The United Services' Orphanage is a large institution in Devonport for girls, and another is the Dockyard Orphanage for girls ; there is also St. Teresa's Home where children are taken and educated. St. Ursula's Home takes unmarried mothers for their confinements and St. Gregory's Home, which is managed by the Waifs and Strays Society, makes provision for illegitimate infants and homeless children.

General. There is close co-operation between the Public Health Department and the various Hospitals and other institutions within the area. Not only do we send our cases to these hospitals for treatment but they in their turn rely upon the health department for help in dealing with any emergencies which may arise. An example of this is found on pages 35 and 39.

Ambulance Facilities. The Corporation provides two ambulances for the removal of infectious cases. Other cases of sickness and street accidents are removed by the St. John Ambulance Association, who during their past year dealt with 7,099 calls.

Clinics and Treatment Centres. The Town Council have established Maternity and Child Welfare Centres at the Town Hall, Stonehouse, the Exmouth Hall, St. Aubyn Street, St. Saviour's and Embankment Road, Prince Rock. Additional centres are now being provided.

There is a Tuberculosis Dispensary at Beaumont Park and a sub-dispensary at the Royal Albert Hospital. School clinics have been established at Princess Square, Stonehouse and Devonport. The centre for the treatment of Venereal Diseases is at the South Devon and East Cornwall Hospital.

PUBLIC HEALTH STAFF.

The Staff of the Public Health Department consists of a Medical Officer of Health who is also Medical Officer of Health to the Port of Plymouth, Chief School Medical Officer, Chief Tuberculosis Officer and General Superintendent of the Council's Hospitals and Sanatoria. He is assisted by a Deputy Medical Officer of Health (Dr. E. J. Hynes) who attends to the patients at the Isolation Hospitals and helps in the Venereal Diseases Clinic and at the Port ; by a Port Medical Officer (Dr. G. A. Borthwick) ; by three Assistant School Medical Officers (Dr. J. W. E. Cole, Dr. G. Raymond and Dr. E. M. Buttery) ; by two Assistant Maternity and Child Welfare Officers (Dr. Annie Clark and Dr. Margaret Lipp) ; by an Assistant Tuberculosis Officer (Dr. H. T. Chatfield) who is also Resident Medical Superintendent at Udal Torre Sanatorium ; by a Resident Medical Officer (Dr. A. T. Bettinson) at Didworthy Sanatorium ; by a Venereal Diseases Officer (Dr. G. D. Kettlewell) who also helps at the Port ; and by two whole time School Dentists (Mr. E. R. Williams and Mr. R. H. Forrest). All these Officers give their whole time to the service of the Corporation. There are in addition a part-time pathologist, three part-time radiographers who perform the necessary X-ray work of the Tuberculosis Dispensary and of the School Clinics ; a part-time Ophthalmic Surgeon (Dr. W. H. Davis) ; and a part-time orthopaedic specialist (Mr. Kennedy).

The Chief Sanitary Inspector (Mr. Norman Ruse) is assisted by nine District Inspectors, two General Inspectors, a Rat Inspector and a Fish Inspector. A staff of workmen assist these Inspectors, keep clean the various sanitary conveniences in the Borough, look after the Baths and Wash-houses, whitewash courts and lanes, act as messengers and generally carry out the small pieces of work necessary in the Town. Mr. R. W. Weale is Inspector of Nuisances at the Port.

There is a Chief Health Visitor (Miss Baxter) who has nine Nurses under her for Maternity and Child Welfare purposes. There are three Tuberculosis Health Visitors and eleven School Nurses (three of whom are attached to the Special Schools.)

The Clerical staff consists of a Chief Clerk (Mr. P. K. Hockings) with nine assistants ; a Head Clerk in the Maternity and Child Welfare Department (Mr. A. E. Collam) who is also Investigation

Officer, with two assistants ; a Head Clerk (Mr. C. A. Ivory) in the Tuberculosis Department with two assistants ; and a Head Clerk in the School Medical Department (Mr. E. T. Perkins) with four assistants. There is a clerk at the Venereal Diseases Dispensary and another at the Port. Apart from these are the staffs of the Borough Isolation Hospitals and Sanatoria.

This may seem to be a large staff, but it is not so ; and it has undergone practically no expansion for some years although much additional work has been put upon the Health Department during that time. If we had additional staff we could do more work, and any amount yet remains to be done.

I should like here to express my appreciation of the work of my Staff as a whole. Of the junior staff I should like to put on record my high opinion of the work of my Chief Sanitary Inspector, Chief Clerk and Chief Health Visitor.

Letters and Correspondence. During the year about 54,000 letters were sent out from my Department. This figure gives some idea of the magnitude of our work.

Bacteriological Laboratory Work. This is done by Dr. E. W. Wordley who is a part-time Officer of the Corporation at the Laboratory in the South Devon Hospital. Details are given in Table 6. The scope of this work should be extended. No modern Public Health Department can be considered to be efficient without a bacteriological laboratory capable of examining if necessary everything sent to it. A frequent examination of the Town water supply at various points is essential in protecting it from contamination. Every churn of milk coming into Plymouth should be examined at short intervals. Sea water from bathing pools, shellfish, swabs from suspicious throats, sputum from Tuberculous patients, specimens from doubtful cases of Venereal Diseases, hair from school children, meat and other foods, and specimens from patients in our Hospitals ; all these and many more should be referred for examination to the Borough Bacteriologist.

Research Work. But more important even than these essentials is the need for research work, especially into the incidence and cure of Tuberculosis and Summer Diarrhœa. I should like to see, and I hope to see, every medical member of my Staff engaged in some research work, even if experience proves that it is unproductive of practical results. During the year this Department did some research work into the Silica content of dust from different towns, and into the use of Dick Serum in the treatment of Scarlet Fever.

Midwives. There are 97 Midwives practising in the Borough. See Table 19.

Chemical Work. Arrangements have been made for the requisite analyses under the Sale of Food and Drugs Acts to be performed by the Public Analyst, Mr. T. Tickle, of Exeter. See also page 36.

Legislation. A list is given in the Appendix (Table 7) of the Adoptive and other Acts and Bye-Laws which are in force in the Borough in respect to matters relating to Public Health.

Public Health Propaganda. During the year the Medical Officer of Health has given 29 lectures. These were delivered to the British Red Cross, to the public of the West of England from the Plymouth Station of the British Broadcasting Company, to the local meat sellers, local grocers, local milk retailers, midwives, to teachers, to Dame Agnes Weston's Home, to Plymouth Rotary Club, to Cornish Sanitary Inspectors, to Panel Practitioners, and to other audiences. Public lectures were also given by Dr. Annie Clark and Dr. G. T. Kettlewell. A successful meeting of the Royal Sanitary Institute was held in Plymouth in November. In addition much good propaganda work has been done by means of literature, posters, and leaflets. A Health Film Week, attended by about 4,000 persons, was held in Plymouth during November, and my thanks are due to Dr. G. D. Kettlewell who was mainly responsible for the organisation of this. Education must come before practice, and the nation will never become healthy until it has received instructions in the art of right living.

THE SANITARY CIRCUMSTANCES OF THE BOROUGH.

WATER SUPPLY.

The water supply of the Borough is obtained from two gathering grounds, the northern area consisting of the upper watersheds of the West Dart, and its tributaries the Cowsic and Blackabrook, and the Southern Area the higher Watersheds of the River Meavy and its tributaries.

The Northern Area, with the exception of a portion of the Blackabrook, is entirely moorland, quite free from dwellings and eminently free from contamination. Its total area is 4716 acres, and the geological formation is granite. The water is intercepted by weirs built across the three streams which divert it into a leat or conduit along which it runs for about 17 miles to a Reservoir at Dousland. The leat is open except for about 600 yards of tunnel. From Dousland it is conveyed in pipes to Service Reservoirs at Belliver and Crownhill and at the latter place passes through slow sand filters before being distributed.

The Southern Area is 5,360 acres, mostly moorland, the geological formation being almost entirely granite. To prevent possible contamination the Corporation has purchased the whole of the Watershed and farming has been discontinued. No grazing is allowed on the formerly enclosed farm lands, and the enclosures are being systematically planted with forest trees. The water from this Area is stored in the Burrator Reservoir and thence conveyed to the service Reservoirs in pipes. Burrator Reservoir is being enlarged and when completed its capacity will be increased from 668 to 1,026 million gallons.

The supply is constant and is laid on to all the houses in the Borough, the length of Trunk and Distribution mains being over 230 miles.

The water from both Watersheds is very soft, but has no action on lead, except when an excessive length of this piping is used. It is eminently suitable for both domestic and trade purposes.

Since May there have been taken 32 samples of water for bacteriological analysis. The best sample contained the Bacillus Coli (a sewage organism) in 100 c.c. but not in smaller quantities; the worst sample showed the presence of Bacillus Coli in 1 c.c. It is possible that these sewage organisms find their way into the water from the feet of seagulls, which come inland and swim on our open reservoirs, after having been at the sewage outfalls or at one of the tips. It is hoped that an opportunity may be found during the present year of doing some considered research work in the town water supply, but, up to the present, limitation of staff and of laboratory facilities has prevented this.

There have been no water borne epidemics during the year.

Goitre, or enlargement of the thyroid gland, is a condition intimately associated with water supplies ; and it appears to be not uncommon in Plymouth, although it never causes such abnormalities as the " Derbyshire Neck." In reply to a questionnaire, sent out by me to the Medical Practitioners of Plymouth 18 replied that they did not think Goitre was common and 36 stated that the condition was very prevalent.

Speaking generally it is found that places at or near the coast line, exposed to winds and rain from the sea, are free from goïtre, or at any rate enjoy a freedom not found in places inland ; and that the further a place is from the sea the more numerous are the cases of goitre. It is now believed that Goitre is a " deficiency" disease, due to a lack of iodine in drinking water. A very small quantity of iodine appears to be sufficient to prevent the onset of goitre, and sea-spray borne by the wind contains this minute but essential amount of iodine. As storms and great winds come mainly from the West and South-west, goitre should be relatively absent from Devon and Cornwall and more prevalent in the Midlands and east of England. Our School Medical Services statistics appear to show that the western side of England suffers least from goitre.

Rivers and Streams. The river Plym on the east side of the Town and the Tamar and Hamoaze on the west turn Plymouth into a Peninsula. Both these are tidal rivers within the area of the Borough and both are liable to pollution from surface water and from the shipping in the Port.

Drainage and Sewage. With the exception of a few houses in the rural outskirts of the town all premises are connected with the town sewers. One of the main outfall sewers is between the Hoe and Drake's Island and the sewage discharges from this on the ebb tide. Rarely some of this sewage finds its way back into the bathing pools and on to the foreshore (Table 43), but the amount of shore pollution is slight compared to that which exists in other seaside towns which have sea-disposal for their sewage. There are thirteen other sewage outfalls around the foreshore.

Scavenging. Refuse is collected twice weekly from dwelling houses. Part of it is burnt at the Corporation destructor at Prince Rock, other portions are tipped on refuse dumps at Laira and at

Camel's Head. A small part of the town refuse is put into a barge and dumped at sea. The best way of disposing of house refuse is by means of incineration, and refuse dumps can only be regarded as relics of the dark ages. There is nothing to be said in their favour except that they are cheap and that waste ground may be filled in by tipping household refuse there. These tips are the resort of a certain class of persons who go there in an attempt to make a few pence by salving material which ought to be destroyed. Indeed, there is nothing good to be said about these refuse tips, for they harbour rats and breed flies. It would be greatly to the advantage of the cleanliness of the town if the barge and these tips could be abolished, for then a proper and sufficient destructor could be provided in their place or else a pulverising plant could be installed. Pulverisation plants turn domestic refuse into fine dust which does not decompose nor act as a breeding ground for flies and rats. These plants are not expensive and require very little ground for their installation.

OTHER SANITARY CIRCUMSTANCES.

Sanitary Inspection of the District. Particulars of the work of the Sanitary Inspectors are given in detail in Table 22.

Public Sanitary Conveniences. There are 73 of these in the Borough, 59 for males and 14 for females. The town is reasonably well served in this respect ; and no new conveniences have been established during the year. There has been much wilful damage done to the conveniences recently, money has been stolen and lead pipes cut off and removed. The matter was referred to the Police.

Baths and Wash-houses. There is an ancient building in Hoegate Street which contains baths and a wash-house and a drying room. It is inadequate for the needs of the Town and should be reconstructed and enlarged. Baths and Wash-houses are required in the Stonehouse Area. The Hoegate Street baths were used during the year by 15,469 bathers and the wash-houses by 6,400 women.

Offensive Trades. There are six offensive trades in the Town. These are closely supervised and on the whole are reasonably well-conducted.

Dwellers in Tents and Vans. Travelling Fairs and Shows occasionally come to Plymouth. As occasion arises they are strictly kept under our supervision.

Vermin Repression. Houses found to be verminous are disinfested as soon as they are discovered. Rats and Mice are dealt with by a Rat Officer, who, since last March, has undertaken not only the inspection but also the destruction of these vermin. For this purpose he visited 1,663 premises and laid 26,397 baits. On three days a week he works at the Port of Plymouth, mainly in the Great Western Docks, and has succeeded practically in freeing this area from the Black Rat. The remainder of his time is devoted to the extermination of Rats in the Town. We did not have any special Rat Week last year in Plymouth, for every week is a Rat Week. See also page 85.

Factories and Workshops. During the year 1192 visits were made to these premises and 191 nuisances were found and abated. There are 222 Factories and 589Workshops in the Borough (Table 8).

Dairies, Cowsheds and Milkshops. There are 57 Cow-sheds and 400 Milk–retailers in Plymouth. 1,480 visits were made to these during the year. Further details regarding the milk supply of Plymouth are given on Page 32.

Slaughterhouses and Butchers' Shops. During the year under review 6,247 visits were made to these premises (see also page 31).

Common Lodging Houses. There are six registered Common Lodging Houses in the Borough. They were visited on 44 occasions. Speaking generally their condition was reasonably good. There is need for a Municipal Common Lodging House for males and females ; this might reasonably become part of our housing schemes.

Bakehouses and other Food Shops. These are visited regularly and call for no special comment.

Hairdressers' Shops. During the year an effort was made to ensure a greater standard of cleanliness in Hairdressers' Shops, and a certificate was granted by the Medical Officer of Health to those Hairdressers whose premises and methods came up to a reasonable standard of sanitary decency. All together eight certificates were granted.

Disinfectants are issued daily as necessary from the Town Hall, Stonehouse.

Anti-toxin for use in cases of Diphtheria is issued from the Town Hall, Stonehouse, the Police Stations, and the Isolation Hospitals. It can be obtained by doctors at any hour of the day or night.

HOUSING OF THE WORKING CLASSES.

(*See Table 9*).

The housing of the people is one of the many concerns of the Public Health Department. Two Housing Inspectors, Mr. E. H. Lamb and Mr. F. Feather, work under the Medical Officer of Health in attempting to improve the housing conditions in Plymouth, and it is believed that during the year under review our efforts have met with some success, in that they have led to the repair of at least 422 houses, which formerly were not reasonably fit for human habitation, at an estimated cost of over £40,000 on the owners of these properties.

In Plymouth, Devonport and Stonehouse there are many houses which were built perhaps more than 100 years ago ; and these houses crowded together as they are, over-shadowed by other buildings, without adequate courtyards, without damp-proof courses, without proper ventilation and means of keeping them clean, can only be dealt with adequately by reconstruction schemes. During the year I gave much time to the consideration of three of the worst areas in the Town, and finally represented them to the Housing Committee and the Town Council as areas which could not properly be made sanitary without reconstruction. These districts are the Castle Street and New Street, Batter Street, and High Street and Peel Street areas ; and the scheme for their reconstruction is now being submitted to the Ministry of Health for approval. It must however, be known that these are not the only three areas in the Borough to which a reconstruction scheme could be applied, and in the course of years it may be necessary to deal similarly with other collections of houses.

Apart from these three insanitary areas there are many degenerating houses in the town. These are being dealt with variously according to their needs. If the insanitary condition is slight the Sanitary Inspectors under my supervision cause it to be remedied. If, however, much requires to be done the Housing

Inspectors deal with the property, and in the majority of cases I ask the Housing Committee of the Town Council to serve a Notice under Section 3 of the Housing Act, 1925 upon the owner. This Notice requires the owner within a certain time to put his house in order, and, if he fails to do it, the Town Council can undertake the work and recover the cost from the owner. This is a most valuable section of the Housing Act. The Council has carried out repairs on behalf of various owners to the extent of £4515.

There exists, unfortunately, in every community a small section of thriftless and unintelligent persons who take no care of the houses in which they live. Such persons would soon turn a palace into a pigsty. It is most disheartening to see the effect of the careless occupiers upon a house which has recently been made clean and habitable ; and against these insanitary offenders there is, in this country, no remedy and no defence. In Holland things are done differently and the bad tenant is taken to a segregation camp and kept there under discipline until he is a reformed character. The results of this are admirable.

When a house is too bad to be repaired a Closing Order and finally a Demolition Order is made upon it. In the future it is hoped that these orders will be more stringently enforced, and that the houses which are unfit for human habitation will no longer be allowed to be inhabited. At the end of the year 106 Closing and Demolition Orders were in force. Legally the houses should have been emptied and then demolished, but as a matter of fact these houses were almost all occupied.

Overcrowding. There is a shortage of houses in this Borough, as there is throughout England, and this leads to overcrowding. A six-roomed house for example, may harbour two or more families instead of one, and then perhaps some of these families will take in lodgers. The practise of sub-letting and taking in lodgers prevails to a considerable extent in Plymouth, and in consequence two or more families may be obliged to share one water closet, sink and kitchen range. The staircase, also, would be common property ; what is everyone's duty is nobody's, and the house and its fittings rapidly become unclean because each sub-tenant thinks that another should do the cleaning. This congestion of several families under one roof is largely economic in origin, for even if some of these families could obtain a Corporation House they would not be able in many cases to pay the rent required for it ; indeed, in many instances, it is only by living cheaply in one or two rooms and by taking in lodgers that the poorer class of the community is able to keep alive.

Corporation Houses. The Plymouth Town Council has undertaken during the last few years some considerable housing schemes and has built working class houses in various parts of the town. During the year under review 186 new houses erected by the Corporation were made ready for tenants, and at the end of the year 192 new houses were in course of construction ; it is hoped that these will be occupied before long. Altogether in Plymouth there are 1191 houses which have been or are being erected by the Corporation for the use of the working classes. This progressive policy adopted by the Housing Committee and the Town Council will obviously have very beneficial effect on the public health of Plymouth in a few years, and it is hoped that the scheme of house building will be continued. Apart from the Corporation houses 200 new houses were completed and 286 were in course of construction in Plymouth during the year, also 40 houses built by the Astor Trust. Further details regarding the housing of the Working Classes are given in Table 9.

THE PROTECTION OF FOOD.

Food may be polluted, poisoned or adulterated at any stage of its passage from the producer to the consumer.

Imported Foods from Overseas are dealt with by the Chief Sanitary Inspector at the Port of Plymouth (Tables 41 and 42).

General Food Supplies. The Sanitary Inspectors, each of whom have a district in the Town, are instructed and authorised to seize food exposed for sale or intended for sale which is unsound, unfit or unwholesome. Very little unsound food is seized in Plymouth each year, but much is given up voluntarily by the retailers. Speaking generally, I think that there is very little bad food sold in the Three Towns throughout the year.

Glass in Mineral Waters. In the spring an exhaustive research was made on this subject and altogether 2,524 bottles of aerated waters were examined. Glass was found in 15 of these and instructions were given to the manufacturers how to avoid broken pieces of glass in their bottles. I cannot find that any detriment was done to the health of the public by this glass.

Meat. There are six Private Slaughterhouses, and one Public Abattoir belonging to the Corporation in Plymouth (See Table 10). The following is an extract of a report sent to the Markets Committee at the end of 1925 regarding the provision of a Public Abattoir :—

> " The Committee must be aware how inadequate the present Public Abattoir is. The accommodation both for slaughtering and for lairage is entirely insufficient, and the work that is done there is carried on with considerable difficulty owing to the shortage of available space. The Porters are continually complaining of the difficulty of keeping their overalls clean, owing to the fact that they have to load the meat from the over-crowded slaughterhouses direct ; and the conditions there at times, when slaughtering is heavy, can well be described as disgusting. Moreover, cattle are being continually driven through the adjacent streets, and the Abattoir is adjacent to one of the busiest thoroughfares in the Borough. It is also within a few yards of the Technical Schools and the Public Library and Museum. From the point of view of Public Health and decency this is not a suitable site for our Abattoir and a real effort should be made to move this objectionable trade to the outskirts of the Borough."

Undoubtedly the provision of a decent Public Abattoir is a matter in which the public should take an interest. The present Abattoir is ancient and intolerable and an offence to this or any town, and the suggestion that it should be continued as at present is a slur on the fame of Plymouth. A perpetual abattoir of this nature, adjacent to our Library and Museum, in the very heart of the Town is far from being an advertisement likely to attract visitors to Plymouth. Whether the new abattoir should cost as much as the building of a school, the freeing of a toll-gate, or the widening of a road matters not at all ; that it should be an accomplished fact, before any of these, matters very much.

The meat shops and the meat markets in the Borough, as well as the abattoir and slaughterhouses, are visited frequently by my Chief Meat Inspector, Mr. Thorning. I should like here to express my appreciation of his zeal and energy.

During the year he has inspected at the wholesale Meat Market 88,384 quarters of beef, 46,109 sheep and lambs, 4579 calves and 31,516 pigs ; and has destroyed a total of 174 tons of unsound meat. The number of animals slaughtered in the Borough during the year was 41,762. Details of unsound meat are given in Table 13.

It was thought desirable during the summer to give some special instructions to Sanitary Inspectors from Cornwall, for much meat sold in the Plymouth Market is obtained from that County. Mr. Thorning and I gave a course of six lectures and demonstrations to Cornish Meat Inspectors. About 30 attended, and the result should be that less diseased meat than formerly is sent into Plymouth. This is another example of the fact that we are not an isolated parish or a walled town, and that we rely upon our neighbours and are relied upon by them.

Fish. One of my Sanitary Inspectors is detailed for duty as Fish Inspector and supervises the fish at the Fish Market. The amount of fish landed at the Barbican during 1925 was 9,173 tons. During the year he condemned 3 tons 5 cwts. of unsound fish.

Shellfish. During the year 60 samples of oysters were taken for bacteriological examination. Details of the shell-fish industry within the area of the Port of Plymouth are given on Page 86.

MILK SUPPLY.

Milk is the best and cheapest food which mankind possesses—even in these post-war days. It is essential to the life of the young, and for the children's sake it should be clean. Clean milk is one of the first principles in the practice of preventive medicine. Thirty-three babies died last year in Plymouth from Summer Diarrhoea, which is a disease due, mainly, to the drinking of contaminated milk.

Milk can be contaminated by the cow itself (with Tuberculosis or inflammation of the udder), by the filthy milkman whose methods are often vile and beastly, by dirty milking pails and churns, by dirty methods of handling during transport, by dirty storage in the milk shop, and by flies and dirt in the home to which it is delivered by the roundsman.

The diseased cow. Bone Tuberculosis and Tuberculosis of glands and joints in young people, as well as brain and bowel Tuberculosis in children, is largely the fault of the cow—or rather of the farmer who sells milk from such a diseased animal. It is stated that New York City has about halved the incidence of Surgical Tuberculosis by supplying clean non-tuberculous milk. During the year we have taken 341 samples of the milk which comes into Plymouth, and some of these samples have been specially examined for Tubercle Bacilli. It was possible to trace back to the actual cows two samples of tuberculous milk, and the milk from these cows was not sold any longer in the Three Towns. It is impossible to estimate how many lives and how much illness was saved by this. This research work should be extended considerably.

Apart from the diseased cow, it is necessary shortly to consider the diseased milker. Far away in Devon or Cornwall, outside the sphere of my authority, there may be a farmer suffering from a mild attack of Scarlet Fever, Diphtheria, Enteric Fever, Dysentery, Tuberculosis or Diarrhoea, who, twice a day, milks his cows and sends the milk to Plymouth. It is distributed, probably unpasteurised, from that centre, and who knows what illness it may cause ? To safeguard the Town milk supply, pasteurisation or sterilisation is essential, and this no doubt the retailers will learn as the result of bitter experience. Milk-borne epidemics, with the subsequent closing and ruin of milk shops, are common history in England, and pasteurisation of the general milk supply is the only cheap and reasonable escape from these calamities.

Clean and Dirty Milk. The good farmer who knows his job and keeps his cows and milk vessels clean, he whose milkers wash their hands and behave in a cleanly manner, can send into Plymouth day by day a clean milk up to Grade " A " standard—and indeed very much better. Churns containing ordinary milk coming into Plymouth have been found to contain 12,000 to 20,000 germs per cubic centimetre, as against 200,000 allowed by the Grade "A" standard. Indeed much excellent milk comes into Plymouth ; but, on the other hand, some that is very bad, equal to sewage in the microbes it contains. This all depends on the producer. Given a clean cow, clean hands and a clean pail, then Grade "A" milk can be obtained in a pigsty or a slum dwelling. It has been my practice to demand an explanation from milk retailers in Plymouth whose milk exceeded half-a-million organisms per cubic centimetre. Each of these in his turn has taken up the case with the rural farmer who supplied it to him, and has doubtless passed on my remarks regarding the desirability of cleanliness.

The clean milk policy adopted by the Plymouth Public Health Committee is gradually freeing Plymouth from dirty milk. Five years work should abolish the loathsome practice of selling milk in a general shop where it is retailed as casually as paraffin or treacle, where the milk is uncovered and contaminated, where the manure from potatoes and turnips blows about the room as dust, and the cat sits comfortably upon the counter. No thinking man or woman would buy milk for their children in that general shop. No one would buy beer or water produced or stored in such surroundings, yet milk can still be bought there—milk which is the ideal culture medium, the ideal food, in which micro-organisms can grow and flourish more readily than in anything else. Milk should be sold only by those who are really responsible persons, who know the danger of it, and are anxious to keep it non-poisonous and clean. We legislate in these days against dirty milk sellers and against the vendors of other sorts of poisons. If we have willing support and a real desire for improvement, we shall no doubt see the abolition within the next few years of the dirty milk seller.

Since March, 1925, when I began working in Plymouth, there have been taken 339 samples of milk for bacteriological analysis. This corresponds to 11 taken in 1924, but, as I have already stated, we should extend this work.

Having regard to the fact that there are 400 milk sellers in the Three Towns, and that milk is obtained from scores of farms in Devon or Cornwall, it is obvious that in order properly to supervise our milk supplies, many additional samples should be taken for analysis. At present we are only touching the fringe of things, and very much more work remains to be done before the milk supply has been cleaned.

Pasteurised Milk. Only one firm in Plymouth habitually pasteurises milk.

Grade "A" Milk. The Borough is to be congratulated on the fact that during the past year there has been a vastly increased demand for Grade "A" (otherwise clean) Milk. The Maternity and Child Welfare Committee and the Tuberculosis Department set the example by requiring the issue of Grade "A" Milk for mothers and children and for tuberculous persons. These departments use together about 450 gallons per month.

The Grade "A" Milk sold in Plymouth is retailed (at the time of going to Press) by Messrs. J. P. Cundy and Sons, Devonia Dairy, Keyham ; Messrs. R. Cundy and Sons, Trafalgar Dairy, Stoke, Devonport ; Messrs. The Three Towns Dairy, Union Street, Plymouth ; Mr. W. J. Horswell, 38 Millbay Road, Plymouth ; Mr. F. Viggers, Molesworth Dairy, Stoke, Devonport ; Miss K. Martyn, 23 Waterloo Street, Stoke, Devonport ; Mr. J. O. Martyn, 39 Tavistock Road, Stoke, Devonport ; Mr. W. Oxnam, Mount Pleasant Dairy, Millbay Road, Plymouth ; Mr. C. Farley, 43 Pembroke Street, Devonport and Mr. J. Anthony, 4 Townsend Hill, Plymouth. With few exceptions during the year the milk sold as Grade "A" was found to be not only legally clean but very much cleaner than the legal limit. The thanks of the public are due to the retailers and distributors who provide them with a clean and safe milk at a fraction above the price of milk which is sometimes dirty and dangerous. During the year 66 samples of Grade "A" milk were taken for bacteriological analysis.

I hope that before long we shall see Certified and Tuberculin Tested milk on sale in Plymouth* as the result of a popular demand for it, for the public is beginning to know something about milk in its relation to preventive medicine, namely, that milk can be a good and cheap food and also, that it can be a bad and expensive poison ; and there has grown a strong popular demand for a pure milk supply, a demand which inevitably must precede the production —and here again we see the value of Public Health Propaganda.

FOOD POISONING.

An outbreak of 300 cases of food poisoning occurred at the Greenbank Infirmary and Workhouse at the end of April. Out of a total population of 750 persons, all ages and both sexes were affected and there were no deaths. This outbreak was carefully investigated and samples of blood and fæces, and also specimens of food were examined by the bacteriologist of the Ministry of Health who reported that in the fæces of the chief cook of the institution there were found bacilli culturally resembling B. suipestifer. A full report was made at the time both to the Ministry of Health and also to the Plymouth Guardians.

**Certified Milk is now on sale in Plymouth.*

SALE OF FOOD AND DRUGS ACT.

During the year 513 samples were taken under these Acts and 35 were found to be adulterated. Details are given in Tables 11 and 12. The scope of this work might with advantage be considerably extended. If ten times the number of samples were taken, it is reasonable to believe that much more adulteration would be detected.

INFECTIOUS DISEASES.

(*See Tables 4 and 5*).

Smallpox, Cholera, Plague, Yellow Fever, Malaria, Dysentery, Trench Fever, Typhus Fever, Relapsing Fever and Continued Fever. No case under these headings was notified during the year.

Measles. This disease is not notifiable, but three deaths were attributed to it. Measles is one of the worst diseases which can attack a young child, for, apart from the mortality which it causes, it leaves the survivor's lungs, ears and eyes injured or weak. To put off the attack of Measles for as long as possible is of definite advantage, because an older child is not so likely to develop complications as a younger one. There was no measles epidemic in Plymouth during the year.

Whooping Cough. This disease was notifiable during part of the year ; but, since its notification does not lead to the control of its spread, it ceased to become notifiable in May. Whooping Cough caused 15 deaths during the year. Like Measles, it leaves the survivors weak and crippled, and an attack of Whooping Cough definitely predisposes the sufferer to Pulmonary Tuberculosis.

Summer Diarrhoea. This is one of the worst diseases with which we have to contend and it might well be made notifiable. Summer Diarrhoea killed no less than 33 babies in Plymouth during the past year. Breast-fed children do not contract the disease, for their mother's milk is pure and does not contain dirt and filth. Summer Diarrhoea is a filth disease and is due to the baby being fed on milk which has been obtained in a dirty manner or has been polluted in transit, in the shop from which it was obtained, or by dirt and flies in the home. Flies carry Summer

Diarrhoea to-day as they did in the days of Moses, when a plague of flies was followed by the deaths of the first-born. A fly, alternating between filth outside and food and milk inside the house, is able to carry millions of germs upon its sticky feet and legs, and what it collects from the manure heap it washes off in the milk jug. I hope during 1926 to be able to do something to diminish the number of flies, and therefore of infant deaths in Plymouth. One fly in the Springtime means about 2,000 in September, and by the frequent and regular cleaning of their breeding places (manure heaps) during the earlier months of the year their numbers are largely diminished in a town.

Scarlet Fever. Compared to Measles, Whooping Cough and Summer Diarrhoea, Scarlet Fever is a trivial complaint, hardly worthy of our attention. Thirty years ago, however, it was a very severe disease of which the memory remains to-day, but in modern times its mortality has been infinitesimal. Those who contract it are only slightly ill, and complications, especially in cases nursed at home, are uncommon. There were only three deaths from Scarlet Fever last year, although over 630 cases were notified. The modern view regarding Scarlet Fever is that its incidence has not been checked by Isolation Hospitals, that cases nursed at hospitals are likely to get complications and that cases nursed at home do better than those treated in institutions. That is practically the reverse of what is found with Diphtheria. Some recent work from the United States would tend to show that Scarlet Fever may be prevented by inoculation. When this becomes practical politics we shall be able to close our Scarlet Fever wards and save our money, and Scarlet Fever will disappear in much the same way as Smallpox has done.

There was an Autumnal outbreak of Scarlet Fever in Plymouth in 1925 and at one time our Isolation Hospital accommodation was taxed to its utmost. During the year 633 cases were notified (table 5 and chart C). The disease tends always to be more prevalent in England and Wales during the early winter, and the cause of this increase has yet to be ascertained. Probably Scarlet Fever is due to an organism known as the Streptococcus, and it is reasonable to think that this small vegetable may have its season at which it grows the best—like Brussels Sprouts or Chrysanthemums it does not flourish in the Spring, but prefers the weather of late Autumn.

Owing to the kindness of Dr. O'Brien of the Wellcome Physiological Research Laboratories in supplying us with Dick-Dochez Serum we have had the opportunity of using it since March 1925, for the Treatment of Scarlet Fever.

Thirty cases of Scarlet Fever have been treated with the Serum up to the present date. The following system was adopted : The mildest cases were treated on ordinary lines. Cases of the severer type were carefully selected, strictly in the order of the date of their admission to hospital, and treated alternately :—

1. with Serum.
2. without Serum.

so that in comparison with each serum-treated case there has been a control case treated on ordinary lines. Sixty cases were thus treated, 30 with serum and 30 without serum. The cases were then tabulated and the results of the two forms of treatment compared.

The balance was very much in favour of the serum treatment.

1. No serum treated case suffered from any severe complication, and complications, even mild ones, were almost absent.
   Several of the cases treated without serum suffered from severe complications and many from minor complications.

2. Two of the control cases nearly died of severe complications : they were then treated with serum and made complete and quite remarkable recoveries.

3. The average stay in hospital of the serum treated cases was 10 days less than that of the control cases.

Diphtheria. There were notified last year 285 cases of this disease. Eight children died of it. Early and proper treatment alone will cure Diphtheria. There is no excuse for late diagnosis and insufficient treatment of this very fatal disease ; for every doctor in the Town can receive, free of charge, the advice of me or of my Staff regarding doubtful cases ; and antitoxin (which when given early prevents death) is given free to all doctors. In spite of this unfortunately several cases were admitted to our Isolation Hospitals past all hope of cure.

Diphtheria is spread from person to person by direct contact, by carriers, by infected articles and by milk. There has mercifully been no milk outbreak of Diphtheria this year in Plymouth. Case to case infection is by far the most common method of spread, but contacts and missed cases, when these happen to carry the germs, play a large part in the spread of the disease. A child, for example, may have a very mild attack of Diphtheria ; the mother gives it a dose of castor oil—that universal family remedy—keeps it at home for a day or two and then sends it back to school. Soon afterwards the trouble begins and cases follow one after the other in the School, Sunday School or picture houses which the infectious carrier visits. Drains and Diphtheria are now known to have no relation, except in so far as a nasty smell may give a child a sore throat, and a child with a sore throat is more likely to pick up infection than is a healthy child.

There were two outbreaks of Diphtheria in the year at Institutions—one at St. Teresa's Orphanage and one at the United Services Orphanage. The modern method of preventing Diphtheria by means of toxin-antitoxin inoculation was at once offered to these Institutions. My deputy, Dr. E. J. Hynes, was good enough to carry out the inoculation work and he reports to me as follows :—

" During September, 1924, nine cases and during March, 1925, five cases were notified and removed to Hospital from St. Teresa's Home, Plymouth. The Mother Superior was advised to obtain the consent of the guardians of the children in the home for their immunization against Diphtheria. She agreed to this and consent was obtained.

The elder girls, many of whom would be naturally immune to the disease, were first tested for susceptibility (by the Schick test), 31 were found to be immune and 11 susceptible. These 11 girls and all the younger children (most of whom have no natural or acquired immunity), 101 in all were then immunized against Diphtheria by the subcutaneous injection of three doses of diphtheria toxin-antitoxin at intervals of a week. (The injections are painless and cause little or no inconvenience.) No case of Diphtheria has since arisen in this Institution.

In August and September, 1925, nine cases of Diphtheria were notified and removed to hospital from the United Services

Orphanage, Devonport. The children in this institution were treated in the same manner. The elder children were first tested. 28 were found to be immune and 7 susceptible. These 7 girls and all the younger children, 83 in all, were then immunized.

Since this treatment no case of Diphtheria has occurred in either of these institutions. It is encouraging to note that in only two cases was permission to immunize a child refused by its guardian.*

Promising tests are now being made with a mixed scarlet fever and Diphtheria toxin-antitoxin. If these prove a success, of which there seems to be every prospect, we shall have a valuable and convenient addition to our means of prevention, as the one series of injections will immunize the child against both diseases."

In this country we believe, and rightly, that vaccination protects our babies from Smallpox. Certainly it does this and gives them protection for a few years. In the absence of Smallpox, however, this protection is not so necessary as when Smallpox is present ; but Diphtheria is always with us, and to protect babies and children against this very prevalent and fatal disease, which kills far more than Smallpox, would seem to be a very sensible Public Health precaution. Three injections will render a baby immune and safe from Diphtheria, and these injections have no unpleasant results. During 1926 it may perhaps be possible to offer free injection against Diphtheria to the mothers of all babies who come to our Maternity and Child Welfare centres ; if that can be done it will mean much saving of life and of sickness, and incidentally of the ratepayers' money. If every baby born in Plymouth was to be protected from Diphtheria we could shut the Diphtheria wards at the Isolation Hospitals in 10 years time.

Chicken Pox. Chicken Pox is notifiable in Plymouth, and during 1925 no less than 865 cases were notified to us. About half of these were seen either by Dr. Hynes or myself so that we might be certain that we were not entertaining Smallpox in Plymouth unaware. They all proved to be true cases of Chicken Pox.

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* Ten children, none of whom were immunised, were admitted later to the United Services Orphanage. Three of these developed Diphtheria early in 1926, but no case developed among the immunised children.

Tuberculosis is dealt with in a separate section (page 43). During the year 389 cases of Pulmonary Tuberculosis and 103 cases of Non-Pulmonary Tuberculosis were notified. (Table 14).

Mumps. Cases occurred sporadically during the year.

Erysipelas. Notification was made of 45 cases. This disease is non-infectious and should not be notifiable.

Enteric Fever. Only 6 cases were notified. The infection in these was obtained apparently outside the Borough. These cases call for no special comment.

Puerperal Fever. Notification was made of seven cases. These call for no special remarks.

Syphilis is not a notifiable infectious disease. It is however, one of the " killing " diseases if it is not treated early. It causes premature decay, aneurism, general paralysis of the insane, thickened arteries, eye diseases and blindness. Details regarding our Venereal Diseases work is given on page 51.

Gonorrhoeal Ophthalmia. Inflammation of the eyes of a newly born child is a notifiable disease and is usually due to Gonorrhoea in the mother and father. During the year, 18 cases were notified ; unfortunately four eyes of babies were permanently damaged by this preventable disease. The prevention lies in proper care at birth ; and the midwives and Nursing Homes in the Borough were circularised by me twice during the year regarding the prevention and treatment of this terrible affliction. Hospital accommodation for cases is provided at our Venereal Diseases Wards, and early treatment is essential in order to save the sight of an affected baby. I believe that the doctors and midwives in the Town are beginning now to appreciate this.

Poliomyelitis, or infantile paralysis, litters our town with physical wrecks. The man with the withered arm, the club foot, the halt and maimed are the victims of this disease of which the causation is still obscure. It seems likely, however, that it belongs to the same general group as Encephalitis Lethargica, that it is due to a nerve poison and is probably associated with influenza. The only hope for the case of infantile paralysis is early treatment in an Orthopædic Hospital. Rickets, tuberculosis, poliomyelitis are the three diseases which respond especially to treatment in such an Institution, and I hope that the scheme for forming a hospital of this nature at Swilly and utilizing the present hospital buildings there will ultimately come into being for the cure of these cripples.

Cerebral Spinal Meningitis. Only four cases of this disease were notified during the year. They call for no special remarks.

Influenza. There was no severe epidemic during 1925 although 34 deaths were attributed to it. The disease comes to countries in epidemic waves, the reason for which is unknown, and during this period it is one of the greatest of the killing diseases. The after effects in those who recover are often serious and of long duration. The ordinary common cold is sometimes misnamed Influenza, but the two infections and their results have little in common.

Encephalitis Lethargica is considered to be a condition when the influenzal poison (neuro-toxin) affects the central nervous system. Probably only a few genuine cases of this affection occurred during the year in Plymouth, although some 12 were notified. Careful enquiry was made into each case. It does not seem likely that this condition is acutely infectious, if at all. Its chief interest to preventive medicine is due to the profound moral and mental disturbances to which its sufferers are liable after recovery. In my opinion it would be in the interests of those who suffer from Encephalitis if their cases could be reported confidentially to the police, so that in after years, if any profound moral change were to supervene, there might be an adequate defence to a charge at the Courts.

Pneumonia is an acute infectious disease and one of the most fatal of the infections. Only 88 cases were notified although Pneumonia was recorded as the cause of death in 165 instances.

Investigation. Every case notified of infectious disease is visited forthwith by one of the Sanitary Inspectors, and if necessary by me or one of my medical staff. Careful enquiries are made about each case and the results are entered on cards which I examine daily.

Disinfection. After cases of infectious disease the bedding and infected articles from the sick room are removed and disinfected and the rooms themselves are fumigated. This latter procedure is but of doubtful value except in so far as it results in the spring cleaning and airing of a dirty room in order to get rid of the unpleasant smell of sulphur or formalin. During the year 2,663 premises and 17,276 articles were disinfected.

TUBERCULOSIS.

(*See Tables 4, 14, 15, 16, 17, 18*).

Tuberculosis or Consumption killed last year in Plymouth 223 persons.

The disease is infectious and is spread from person to person by spitting and coughing, or by the drinking of milk from tuberculous cattle, or by the eating of tuberculous meat. Case to case infection is by far the most common method whereby this disease is disseminated. The chronic case of pulmonary tuberculosis may infect many other persons, the father and mother may injure and kill the entire family, and the disease may thus be regarded as a family disease. There is no scientific evidence that Consumption can be inherited, but there is much to favour the belief that the children of tuberculous persons are especially susceptible to the disease.

Prevention. Undeniably Tuberculosis can be prevented from attacking any individual. Sunlight, fresh air and good food are Nature's means of preventing the disease. Sir Thomas Browne, the celebrated author of "Urn Burial," wrote to a friend in 1690 that "there were few Consumptions in the Old World, when Men lived much upon Milk; and that the ancient Inhabitants of this Island were less troubled with Coughs when they went naked and slept in Caves and Woods, than men now in Chambers and Feather beds." Apparently, the further that we depart from a natural and healthy way of living, the greater must be the penalty of sickness that we have to bear. A slum house or a cellar dwelling, where neither sun nor wind enters, where the smell of last Sunday's dinner is carefully preserved throughout the week, is a breeding place for Tuberculosis, especially where food is poor and insufficient and alcohol is plentiful. Can it be a cause for wonder that, in unnatural conditions such as these, disease finds a suitable soil in which to flourish?

Shortly, it may be said that the Prevention of Consumption lies in education, in the better housing of the people, in the abolition of slums, in the early examination of contacts, in the early treatment of actual cases, in the compulsory isolation of late and infectious cases, in the freeing of our milk supply from tuberculosis, and in research work. I will deal with these headings separately.

Education. Much health propaganda work has been undertaken during the year. (See page 23).

Housing and Insanitary Houses. These matters are referred to on page 28.

The Examination of Contacts. A special effort has been made during the year to persuade contacts to come to the Tuberculosis Dispensary for examination, and our efforts have been fairly successful. The Assistant Tuberculosis Officer and the Health Visitors have, in addition, visited many contacts in their homes. This has resulted in many possibly infected people being kept under observation, in reasonably hygienic conditions being secured for them, and also in the treatment of the first signs of the disease. We want to obtain, still more fully, the co-operation of the public in this ; so that, finally, each case of Tuberculosis shall carry with it many observed contacts.

Early Treatment. To treat the beginnings of disease is not only sound medicine but is also sound preventive medicine. The early case is so easily cured : the late case is often so hopeless—it is like trying to mend a hole in a stocking when there is nothing left but the hole. But early cases will not always come for treatment ; they say to themselves that their family doctor was mistaken, that nothing is really wrong, that they will be well of the cough and sweating and wasting in a month or so. And often enough they wait too long—so long that the damaged lung is almost beyond repair. A year in a Sanatorium for a very early case of Consumption means an almost certain cure and is the best investment of his time that a tuberculous person can make.

Compulsory Isolation of Late Cases. We have powers in Plymouth compulsorily to isolate late cases of consumption. These powers would be used if occasion demanded : but they were not put into force last year. The public however should know of this, and that, in extreme cases where infection is being broadcast, it is possible to have the dangerous case isolated.

The Milk Supply. This subject is discussed fully elsewhere (page 32). It can, however, be said here that much bone, joint and gland tuberculosis in children is due to the drinking of milk which comes from a Tuberculous cow. On two instances during the year such milk was found in Plymouth and its supply to the Town was stopped until the infected cattle had been removed from the herds.

Research Work. Not only in the Laboratory but also out in the field, in the homes of the people, research is required into the prevalence of tuberculosis. Why does this man rather than another become infected ? Why do some families escape while others are diseased ? Why did one child in a family escape while others grew up tuberculous ? Why are some animals never infected while others contract this disease ? These and other questions still await solution both in Plymouth and in the world at large. These problems can only be solved by lengthy, careful and painstaking work—here a little and there a little. It is perhaps not too much to hope that the present generation will see much enlightenment in this dark and obscure matter ; but in the meantime money cannot be better spent than in research. I hope that, when we extend the scope of our Pathological work, a research into the Immunology of Tuberculosis will be begun immediately.

THE TREATMENT OF TUBERCULOSIS.

The treatment of Tuberculosis in children and adults has been undertaken by the Plymouth Corporation : but the machinery necessary for this treatment is not yet complete. We lack at the present time our own Institution for the treatment of women suffering from late tuberculosis and for the treatment of children and adults suffering from tuberculosis of the bones and joints. A scheme drawn up by me is at present before the Public Health Committee. This scheme, when it comes to maturity, will provide a proper sanatorium for cases of Consumption in Women, and an Orthopædic (straight-child) Hospital for cases of bone and joint tuberculosis in children and adults. It is hoped, that in the interests of humanity in general and of Plymouth in particular, the provision of these institutions will not be long delayed.

The Tuberculosis Dispensary is situated in a pleasant and spacious building in Beaumont Park. It can be regarded as the "Clearing House" for all Tuberculous patients. In it the records are kept of all the Consumptive patients in Plymouth. From it are made the arrangements for the admission of our Tuberculous ratepayers to various Institutions. At Beaumont House the Assistant Tuberculosis Officer holds his consultations, and there he examines his patients who are sent to him from all sources—from the Maternity Centre, from the Schools, from the private practitioner and elsewhere. Once a week also an expert laryngologist—Dr. C. R. Crowther, of Plymouth—holds a session at Beaumont House. He has done his work without payment for several years, greatly to the benefit of the health of the patients. The After-Care Committee also has its office at Beaumont House, and sees to the well-being of those Tuberculous persons who are discharged from our Sanatoria.

Didworthy Sanatorium is an institution of 72 beds, situated on the edge of Dartmoor, two miles from South Brent, and about twenty-one miles from Plymouth. The Town Council of Plymouth acquired this Sanatorium in 1923 from a Voluntary Committee which up to that time controlled it. The greatest objection to Didworthy is that it is difficult of access. It had, last March, when I became its General Medical Superintendent, other drawbacks ; but these have been or are being remedied. The situation of the Sanatorium itself, apart from its distance from Plymouth, is admirable : it is placed high on the moor, but yet is sheltered from wind. Indeed it has the makings of an ideal Sanatorium, and I hope in time to see that it becomes this. At present it is still in the transition stage but already it is better than it was a year ago—very much better. The patients are happy and the place is clean and newly decorated. No Sanatorium can prosper unless it is loved, unless the Staff and the Patients wish to see the place getting better and better. Sir George Newman, in his last Annual Report, referring to Sanatoria, writes :—

> The administration of some Sanatoria leaves much to be desired. The patient, it is true, has the advantage of fresh air and good food, but there is often substantial disregard of the principles and method described in my Report for 1920. I recognise fully the inherent difficulties of sanatorium management, day by day. But it can be done, and is being done, effectually. Yet here is a case of lack of careful and tactful consideration of the needs of the individual patient ; there is a failure to supervise minutely the details of his life in the institution ; here is laxity and slackness in the administration of the

> daily routine and consequently an absence of the confidence and cheerfulness which are of so much psychological importance in aiding the recovery of the phthisical patient ; and there, patients are refusing to do the occupational tasks which are allotted them and an atmosphere of grumbling and sulkiness prevails ; here, there is indifferent medical control with loose admission and discharge, and there, discipline is arbitrary and capricious. One cannot hope for good results in such circumstances.

But our Sanatorium at Didworthy is not like this description of the inadequate Sanatorium ; indeed, it is just the reverse. You have only to ask one of the men or women or children who have been there to find how sorry they were to leave it, how greatly they enjoyed their period of residence there—especially, perhaps, the children.

Didworthy Sanatorium is intended for early cases only. Occasionally it has happened that unsuitable cases are admitted (from Devon or Cornwall County, perhaps, which can send up to 21 cases to the Sanatorium) ; but when late cases have been thus admitted in error they have been transferred elsewhere whenever possible. To give details of the various alterations and improvements made during 1925 would be outside the scope of this report ; but I should like here to express my appreciation of the work of the Resident Medical Officer who began his work there at the end of October and has succeeded in making the patients and staff happy and contented. A school mistress attends daily to instruct the children. A Canteen has been opened and is being administered successfully by the patients. Committees of the male and female patients have been established and are working well for the good government of the institution. Some of the convalescents are engaged in farm-work and carpentry, for a happy and active life makes the time hang not so heavily. There is nothing worse for a sick person than to sit idle and think about his illness.

Udal Torre Sanatorium is an Institution of 39 beds for intermediate and advanced male cases. It is situated on the moors near Roborough Downs and is about 600 feet above sea level. It is about 9 miles from Plymouth, from which town it is easily accessible by motor omnibus or the Great Western Railway. The Institution is an old adapted residence and as such has its limitations as a Sanatorium ; the extent of the grounds is about four acres. The Sanatorium is exposed to all winds and consequently is not an ideal site for an Institution for advanced cases of Consumption. The soil is very porous and mainly shale and in spite of the heavy rainfall it is remarkable how quickly the place dries up even in days of wet weather. Passers by might think that the place looks gloomy, and they might have a similar impression about the patients until they came in to see for themselves, when they would be quickly disillusioned. It is astonishing how cheerful and contented the patients are ; indeed, I do not think that one could find a body of men more cheerful and happy than the Udal Torre inmates.

There is a widespread impression that men are naturally untidy and cannot keep a place clean and in order, but those of the wards at Udal Torre which are kept clean by the patients, and the shelters in which they live, give evidence that men can be neat and clean and tidy. Everything is done to encourage the patients to take an interest in the Institution as if it were their home, and an occasional word of encouragement stimulates competition and makes the patients realise that their work is noticed and appreciated.

Patients whose condition is fair are found suitable employment in the garden or put on to graded exercises by the Medical Officer. For recreation in the summer months there is a croquet lawn where frequent tournaments have been arranged and prizes given. Concerts, entertainments, and performances of the Plymouth Corporation Tramways Band are given from time to time and are greatly enjoyed by the patients and Staff. The long winter evenings are occupied by Whist Drives, Billiard Tournaments Bagatelle and other indoor games. Some of the patients have been instructed in rug-making and it is expected that this form of occupation will be further extended. A canteen has been started by the patients and is very popular. I should like here to express my thanks to the Medical Superintendent, Dr. Chatfield, and to the Matron, who have worked untiringly in their efforts to make the patients comfortable and happy.

Other Institutions. To secure Institutional Treatment for our patients who are not suitable for admission to our own Sanatoria we have written to a very large number of Institutions for vacant beds, and, good as the result has been, it has not effectively dealt with the position. As has already been stated, the disease is one for which immediate treatment is necessary ; but at present we have always lists of tuberculous persons awaiting residential treatment.

Cases of advanced pulmonary tuberculosis in females have been received, during the year, at St. Barnabas Home, Torquay, and this Institution is, at present, the only one accepting our cases of late consumption in women. As it is only a small institution of less than 30 beds, and takes cases from all over the Country, we consider ourselves well treated if we secure beds for 10 women patients. This does not deal with the question in its entirety or at all satisfactorily and the only remedy is as foreshadowed in my previous remarks, namely, that we should have our own Institution for this class of patient.

Other cases of pulmonary tuberculosis have been sent to Winsley Sanatorium, Bath ; Nordrach-upon-Mendip Sanatorium, Blagdon, Bristol and to Davos-Platz Sanatorium, Switzerland, under special arrangements.

For the treatment of all tuberculosis other than that of the lungs we are entirely dependent upon outside institutions. During the year our patients have been received by the Royal Albert Hospital, Devonport (with which we have an Agreement for the reception of our cases) ; South Devon and East Cornwall Hospital, Plymouth ; Shropshire Surgical Hospital, Oswestry ; Treloar's Cripples Hospital, Alton ; St. Vincent's Home, Pinner ; University College Hospital, London ; Children's Orthopaedic Hospital, Bath ; Royal National Orthopaedic Hospital, Stanmore and the Royal Sea Bathing Hospital, Margate. The Hospital at Oswestry has dealt with the bulk of our Non-pulmonary patients until July of this year, but then it was decided by its Board of Management that, as the Institution was serving no less than 52 boroughs, it was becoming impossible to do the work with satisfaction. Unfortunately, but only on account of the distance, it was decided that no more cases could be accepted from Plymouth. This was a serious blow and caused our waiting list to grow unchecked for a short time. For the children, however, an outlet was found in the opening of the Children's Orthopaedic Hospital at Bath and this Institution is doing excellent work for us.

Comparatively few cases are dealt with at the Royal Albert and the South Devon and East Cornwall Hospitals as neither of these Institutions is suitable nor adapted for the prolonged open-air treatment which is necessary in bone and joint cases of Tuberculosis.

I find that all institutions for the treatment of Non-Pulmonary Tuberculosis have long waiting lists and the only real solution of our difficulties will be the adoption of the policy outlined in my previous remarks as to the provision of our own Orthopaedic Hospital. (See also Chart E.)

Regarding concurrent training and treatment for patients, now that the ex-Service cases have so diminished in numbers, our energies in this direction have correspondingly lessened. Plymouth cases have, however, received the full courses at the Industrial Settlements (Incorporated) at Preston Hall, at the Cambridgeshire Tuberculosis Colony at Papworth Hall, and at the East Anglian Sanatorium at Nayland, and we are still maintaining a few at each of the two last named institutions, males at Papworth and females at Nayland. Preston Hall is only for ex-Service cases ; and some of those who have been treated there, as well as at Papworth Hall have on their discharge been admitted to Efford Camp.

The Tuberculosis Care and After-Care Committee is an energetic voluntary society which renders help to tuberculous persons who cannot receive direct assistance from the rates. This Committee does very valuable work and not only gives financial aid in suitable cases, but also assists tuberculous persons in finding suitable employment. Clothes are given and grants are made towards patients outfits before they go to Sanatoria, and arrangements are made by the Committee to help men whose financial circumstances would otherwise prevent them from accepting Sanatorium treatment. Again, the Committee makes arrangments in certain instances to care for the children of a mother while she is in a sanatorium ; extra nourishment also, is granted to patients on return from a sanatorium by the After-Care Committee, and milk, eggs and butter are granted on the recommendation of the Tuberculosis Officer to certain persons who are outside the scale approved by the Town Council.

Devon and Cornwall Ex-Service Colony, Efford. This colony at Efford Camp is controlled by a Board of Management on which the Care Committee is represented. Intermediate and advanced cases of Tuberculosis are admitted to Efford Colony, and many of our Plymouth men who have been at Papworth or Preston Hall have subsequently gone to Efford. The admission of each patient is covered by a Capital Grant of £50. Here again the Care Committee has done much good and has sent no less than 13 civilian male patients to Efford at a cost of £650. The Care Committee pays daily travelling expenses to and from the Colony to men who live in Plymouth and go out daily to work at Efford.

Conclusion. When Plymouth has its Sanatorium for intermediate and advanced cases of Tuberculosis in females, and its Orthopaedic Hospital, the town will have a Tuberculosis Service of which it may well be proud. At the present, it may be said that we are doing the very best with the material at our disposal. It may be in the future that scientific research will show the best method of preventing consumption, and will save thereby the lives of innumerable men.

VENEREAL DISEASES.

(*See Table 23.*)

I am indebted to Dr. G. D. Kettlewell for the following account of the work done at the Venereal Diseases Clinic during the year.

The Venereal Diseases Treatment Centre was opened in March, 1919, and is housed in separate buildings in the grounds of the South Devon and East Cornwall Hospital.

The Centre provides treatment for the Borough of Plymouth and Devon & Cornwall County Councils. The nearest other centres are at Exeter, for Devon, and Tuckingmill for Cornwall.

Nine Clinics are held during the week ; but patients are seen at almost any hour, and special appointments are very frequently made for patients from a distance.

The Centre provides for In and Out Patient treatment. The In-Patient Department consists of a corrugated iron and wooden hut, which was originally the Plymouth Corporation Small-Pox Hospital. There are 14 beds—7 male and 7 female, in two wards, with separate sister's room, store room, kitchen, scullery, dirty linen store, two bath-rooms, lavoratories and coal store. The Out-Patient Department is a concrete building and consists of an office examination room, dispensary, three irrigating rooms, waiting hall, staff W.C. and two W.C.'s for patients. The Staff consists of One Medical Officer in charge, one Assistant Medical Officer, one Sister and two Nurses, a Clerk attendant and one attendant. Since the latter end of 1924 Dr. Annie Clark has held one Clinic a week for women who prefer to be attended by a Medical Officer of their own sex, it also affords an opportunity for the M.O. of the Maternity and Child Welfare Centres to send any patients to her clinic for Blood Tests, etc. She has also sent a large number of babies with their parents to the Clinic for examination for Congenital Syphilis. This is most important as it is desired to treat congenital syphilis children from the earliest possible moment, and so prevent deafness, blindness, and the " crippling of the child " which is so serious when school age is reached. Not only has there been close co-ordination between the Maternity and Child Welfare Centres and the Venereal Diseases Clinic for Syphilis, but also for Ophthalmia Neonatorum. Several babies suffering from this complaint have been sent to the Clinic for treatment by the Health Visitors.

Special arrangements were made in the early part of 1925 for the immediate admission of any case of Ophthalmia, to the Venereal Disease In-Patients Department for treatment. Several Medical men have gladly taken advantage of the scheme, as babies are not admitted for this complaint to any hospital in the district. In some cases the mothers have been admitted at the same time for treatment of Gonorrhoea. Unfortunately some babies have been admitted with such serious ulcerations of the eyes that although the disease has been cured, the resulting damage, will probably handicap their sight for the remainder of their lives.

There has been a considerable increase in the attendances of Congenital Syphilitic children of school age. A special Clinic has been arranged at the Venereal Disease Centre to which these children are sent by the School Medical Officers. The results have been very satisfactory. The majority of the children have improved in health, and the parents have shown a keen interest, and bring the children regularly for treatment. In some cases the parents themselves have been treated. It is often said that " stirring up the past " may lead to family trouble, but it has not been found to be the case, if matters are carefully explained to the parents and it is more usual to find gratitude rather than resentment.

The results of untreated congenital syphilis are so serious that it is all important to do everything for these innocent sufferers.

Quite apart from treatment, is the question of the cost to the Country of these damaged Children. A large number drift into Blind and Deaf Institutes, where the cost of education and upkeep is roughly seven times as great as in an ordinary school, others through ill-health, etc. become permanently chargeable to the rates.

In adults, Syphilis has steadily decreased during the past six years, more especially in contagious cases, and with time there is a possibility that it may be practically stamped out. The number of cases of Syphilis contracted in Plymouth during the past year has been very small, considering that it is a garrison town.

Patients are attending well and taking an intelligent interest in their treatment.

The figures for Gonorrhoea are not so satisfactory—due to the fact that the general public thinks that it is not a serious disease and also because many women are suffering from the disease without being aware of it : this is more especially so in the case of amateur prostitutes.

The education of the people in Venereal Diseases is most important. Lectures have been given to Institutions, Societies, etc., but there is generally a difficulty in getting an audience of men—" they think they know." Women on the other hand attend well and are anxious to learn. Parents should recognise the importance of teaching their children the rudiments of sex hygiene and incidentally give them some advice on the importance of living a moral life.

The Medical Men of the town generally have sent a large number of cases to the Clinic for treatment, and also the Staff of the South Devon and East Cornwall Hospital.

Mr. Kennedy, F.R.C.S. has given valuable advice and help in surgical cases and Mr. Prance, F.R.C.S. has examined a good number of Aural cases. Further details of the work at the Venereal Diseases Clinic are given in Table 23.

MATERNITY AND CHILD WELFARE.

(*See Tables 19, 20, 24, and Chart B*).

The foundations of good health are laid in the cradle, and even before this ; and it is essential that if we want a healthy Race we should begin by securing good health for our children. For this reason the Maternity and Child Welfare Service, although it has only recently been established, is really the bed-rock and the basis on which the structure of the people's health is being built. Had our great-grandfathers appreciated this and acted upon it we should have had fewer unfit men when the Great War came upon us, and when the Ministry of National Service reported that out of every nine men examined by the Recruiting Boards " on the average three were perfectly fit and healthy, two were on a definitely infirm plane, three were incapable of undergoing more than a moderate degree of physical exertion, and could almost (on account of their age) be described with justice as physical wrecks, and the remaining man was a chronic invalid with a precarious hold on life."

It is never too early to begin to prevent disease, and preventive and curative work among little children is of the utmost value. So many persons are going about the world crippled, blind, or diseased, because of neglect during the first few years of life, and the Maternity and Child Welfare Scheme of the Council is to-day actually preventing these tragedies. To obtain the best results, however, it is essential to see to the health of the mother before the child is born, and it is for this purpose that we have our Ante-natal sessions. These are most popular, and towards the end of the year an additional Lady doctor was appointed in order to cope with the rapidly increasing attendances. Furthermore our sessions at the beginning of the current year were increased from eight a week to twenty-two a week. My experiences in other towns has taught me that a properly equipped Maternity and Child Welfare Service is one of the most popular things undertaken by the Town Council ; it is appreciated by the people far more than any other activity such, for example, as libraries or road making.

Ante-natal Work. Last year 312 mothers made 1294 attendances at our Ante-natal clinics, and the Health Visitors made visits to homes regarding these cases. The doctors in the Borough and the Midwives occasionally send their patients for advice and examination to our Centres.

Natal Work. The Borough employs no whole time midwife. There are, however, 97 midwives practising in the town, 55 attached to nursing homes, 42 in private practice. With some exceptions the latter are not of first-class standard, and I have made some efforts during the past year to improve their work. A few legitimate successors of Mrs. Sarah Gamp ought not to be allowed to practice, but up to the present no opportunty has arisen of removing their names from the Midwives' Register. Seven cases of Puerperal Fever came to my notice during the year. One was a case that died elsewhere and the death was transferred to Plymouth ; apart from this, careful enquiries were made about these cases. My considered opinion is that every death from Puerperal Fever should be investigated by the Coroner.

There are 13 lying-in or Maternity Hospitals in Plymouth. Arrangements have been made by us to send certain of our cases which cannot safely be confined at Home to the Greenbank Nursing Home, the Alexandra Nursing Home, or to the Maternity Home of the Three Towns Nursing Association ; and in addition we pay the Midwives' fees in really necessitous cases. During the year Midwives called in medical aid in 596 instances.

Post-natal. Newly-born babies are visited by our Health Visitors as soon as is practicable ; advice is given and the mother is urged to bring her child, as soon as she is able, to one or other of our Maternity Centres. There the mother is advised regarding her own health and that of her child, and instruction in breast feeding, in clothing, and in infant management is given. Babies are weighed regularly ; sewing classes are held and lectures given. Recently an Artificial Sunlight Plant has been installed in order to treat cases of rickets, a disease which is very prevalent in Plymouth. There are two factors, mainly concerned in the production of *rickets* :—

(1) Incorrect feeding with a diet in which the fat-soluble Vitamin A is deficient, or in which there is an excess of starchy substances.

(2) Lack of Sunlight.

Recent research has shown that, if a child be given a perfect diet, rickets may not develop even in the absence of sunlight. If, however, the diet is deficient, rickets can often be averted by exposure to sunlight, and the disease, even when fully established can be cured by sunlight treatment.

In order to determine which of these two factors is more active in Plymouth an investigation was made by Dr. Annie Clark into 100 consecutive cases of advanced rickets attending the Welfare Centres. These were divided into two classes according to the type of food that was given.

The first-class consisted of 70 cases who received what might be considered to be a suitable diet during the first year of life, as follows : Breast fed (34), breast fed, with supplementary feeds of dried or fresh milk (18), modified cows milk (7), dried milk (11), In order for a mother satisfactorily to nurse her baby, it is, of course, necessary for her to obtain sufficient nourishment to manufacture the milk. If her diet is deficient in Vitamins it is unlikely that she can provide them for her child, and, as most of these cases were drawn from the poorer classes of the community, it is probable that in many cases the mother's milk was of poor quality.

Breast feeding is also continued for too long a time in many cases so that the quality deteriorates and the child is insufficiently nourished. In this series 22 babies were not weaned for 12 months, seven were still breast fed after they were a year old.

In the second class were 30 babies receiving a diet which contained an excess of starchy food as follows : Farley's biscuits (16), Nestles Milk Sweetened (5), Neaves Food (4), Boiled bread (2), Arrowroot biscuits (2), Ridges Food (1).

These babies on an unbalanced diet might have been expected to develop rickets but even in these cases the result could have been averted had they lived in the open air.

Fresh Air. Of the 70 babies in the first-class, 44 were said to be taken out every day and 26 were taken out irregularly—perhaps once a week or when the older children were home from school.

In the second class 13 were taken out every day and 17 irregularly. On further inquiry it was found that only 9 of these

57 babies said to be taken out every day were ever put outside to play or sleep. In every other case the baby was taken out for one or two hours by the mother, generally in the evening when her work was finished, so it is obvious that they did not obtain anything like an adequate amount of sunshine.

Housing. The housing conditions in most cases were poor. 21 families were living in one room, 48 families were living in two rooms, and 13 families were living in three rooms. In the whole series there was an average of 2·6 persons per room.

It thus seems that the housing conditions are an important factor in producing rickets in Plymouth.

Much, however, can be done to prevent the disease,

(1) By providing nourishment for expectant and nursing mothers in necessitous cases.

(2) By teaching mothers the value of correct feeding and fresh air, and providing a suitable food for the baby when necessary.

(3) By giving artificial sunlight treatment to children who are known to be living under sunless conditions.

(4) By improving the standard of working class houses.

Voluntary Workers. We are helped at our centres by a small but devoted band of voluntary workers, and to them, and also to those who help in knitting baby garments, I should like to offer my thanks for the work they have done to improve the health of Plymouth babies.

Dried Milk, Virol, etc. These substances are issued free or at cost price in certain circumstances after strict inquiry has been made into the circumstances of the persons to whom they are given. It is pleasing to be able to record that Grade "A" milk was used first in our centres during the year, and that about 360 gallons were distributed monthly.

Other matters. During the year a successful Garden Party was held at Mount Edgcumbe, and a Christmas Tree and Concert at the Stonehouse Town Hall.

SCHOOL MEDICAL SERVICE.

(See Tables 26—36).

The administrative control of the School Medical Service is in the hands of the Medical Officer of Health who is also the Chief School Medical Officer. This ensures complete co-ordination between the School Medical Service and other branches of Public Health work. This is especially evident in matters relating to the control of the common infectious diseases, tuberculosis and venereal diseases ; and this central control permits also of the interchange of Staff, when on account of pressure of work, additional help in any department is required.

The School Medical Service should be the logical continuation of Maternity and Child Welfare Work—in other words a child who has been under medical supervision at the Welfare Centre passes, together with the records of its early life, to the care of the School Doctors and Nurses.

I have to thank Dr. J. W. E. Cole, my Chief Assistant for School Medical purposes, for much of the information on which the following report is based.

STAFF.

During the year under review it has been found necessary to supplement the ordinary medical staff of the School Medical Service by utilising the help of Dr. Annie Clark, Dr. G. D. Kettlewell, and Dr. E. J. Hynes. In other words our School Medical Service is understaffed, and, without this additional help, the requirements of the Board of Education could not have been fulfilled.

SCHOOL HYGIENE.

Some of the Schools in Plymouth are old buildings and show defects such as inefficient ventilation, inefficient heating, unsatisfactory cloak-room accommodation, or unsatisfactory lavatory accommodation. Teachers are themselves thoroughly aware of these defects. The reason put forward for delay in dealing with these conditions is expense, and the fact that re-organisation with partial or complete rebuilding is in hand. It is to be hoped that when these alterations take place, in addition to perfecting heating and ventilation, the opportunity will be taken for the introduction of such improvements as electric light, baths, the substitution of simple arrangements for hand washing in running water in place of the basins which so easily get out of order or become cracked, and the substitution of up-to-date supplies of running water for drinking purposes with abolition of the common drinking cup.

In Cookery Centres in particular it is of importance that the arrangements should be a standing demonstration of the main principles of domestic hygiene. Gas stoves give off their fumes into the air of the room. It has been asserted that in the absence of drying rooms, this is the only means by which rapid drying of washing can be effected. Proper drying cupboards and proper arrangements for carrying off gas fumes are required.

Consultation with the School Medical Officer when these centres are being fitted or altered might be of value. Children learn readily by means of object lessons ; and cleanliness and the first principles of hygiene should be evident in all our Schools.

Provision of meals for those children who remain on the premises during the mid-day interval. Complete meals, properly served, are provided at the Open-Air Schools and Salisbury Road Special School. Hot drinks and warming of food brought are provided at Paradise Road Special School and the Deaf School. At the Elementary Schools, generally, practically all children return home for their mid-day meals. Laira Green is an exception, and here arrangements are made for the comfort of the children during the interval. At the Secondary Schools, however, a fair number of children are unable to get home at mid-day. The arrangements in these schools show considerable variation. At some a hot meal, properly served, is available at a small charge, while those who prefer to bring their own food can have it warmed, and can obtain tea, or other hot drink. At others no meal is provided, but the latter parts of the above arrangements are in force. Sometimes tablecloths, crockery, etc. are provided, sometimes not. In at least two Secondary Schools there are no arrangements of any sort.

MEDICAL INSPECTION.

Head Teachers are informed, at least ten days' notice having been given, of the date of the doctor's visit. The Head Teacher notifies the parents and invites them to be present. A room is set apart for the examination. Children are stripped to the waist and examined according to the schedule of the Board of Education. If the room provided is not suitable for the testing of vision then this has to be carried out separately in another room or in the playground. A school nurse is present and assists in the examination. All routine inspections have taken place on the school premises with the exception of St. Andrew's Girls and Infants and Grey Coat Boys and Girls. These examinations are, with the approval of the Board of Education, held at the Princess Square Clinic on account of the lack of accommodation in the schools themselves.

At each visit to a school the Medical Officer is supplied with a list of children who have on previous occasions been found to be suffering from crippling or other special defects. He re-examines them and requests the Head Teacher to bring to his notice any other cripple child in the school whose name is not already listed. In this manner the " ascertainment " of defectives is kept constantly up-to-date.

The three groups, entrants, intermediates, and leavers, as defined by the Board of Education have been inspected. Each child is therefore examined at least three times during his or her school life. Details are given in Tables 26a and 26b.

FINDINGS AT MEDICAL INSPECTIONS.

(*See Table 26a*).

The following is a review of the facts disclosed by medical inspection.

Uncleanliness. Body—Cases of children infected with body lice are very rarely found. *Heads.*—The number of children with verminous or nitty heads remains practically unchanged. Large numbers of cases have been dealt with by the Nurses at the Clinics and sent away clean. Mothers and children are, generally speaking, extremely grateful for this attention, and listen with interest to the instructions given them for maintaining cleanliness. Unfortunately, in many instances, the same procedure is necessary a few weeks later.

The ready acceptance of invitations to be cleansed at the Clinic has rendered unnecessary the institution of legal proceedings in any single instance. During the year under review, 120 cases of uncleanliness were noted by the School Doctors. No less than 65,302 inspections were made by the school nurses for uncleanliness and 6,861 children were found to be unclean. Of these 1,489 were cleansed at the School Clinics.

The average number of visits per annum made by the School Nurses to each School was—Boys' Departments, 2 ; Girls' Departments, 4·3 ; Infants' Departments, 3·2. The comparatively small number of unclean children discovered by the Medical Officers is due to the special preparation for their inspections, which the parents make when they know their child is about to be examined.

Malnutrition.—During the year under review 82 children were discovered who were suffering from malnutrition.

The word " malnutrition " is one which may easily convey a wrong impression to the ordinary person. In my opinion the term " sub-health," rather than malnutrition, gives a much better idea of the condition from which these children were suffering. Malnutrition infers starvation ; but it does not also imply, as it should, overfeeding and its results. The giant no less than the dwarf, the Fat Boy of Pickwick no less than the bag of skin and bones, is suffering from malnutrition, from bad nutrition, from nutrition gone wrong. How many of these cases of sub-health are due to deficient food it would be difficult to determine ; but, in view of the amount of public assistance and private charity, it is safe to say that children in these days are not found starving in the streets. Undoubtedly, however, much sub-health (malnutrition) is due to improper feeding ; because the child's mother, even if she knows how to cook, does not know what to cook. Again, much malnutrition is due to lack of sleep, to late hours, to slack parental control which allows a child of tender years to go out into the streets in the evening instead of going to bed and to sleep. Again, neglected physical defects such as rickets, decaying teeth or enlarged tonsils, are a cause of sub-health. The remedy is not easily found. Education of the parents alone can effect the proper care of their children ; and, if parental apathy and lack of control continues, then malnutrition also will persist among the children. Obviously no amount of feeding will compensate the child for lack of sleep, nor save it from the effects of chronic poisoning from inflamed tonsils or filthy teeth. Steady, intelligent and successful propaganda work seems to me to be the most likely solution of this problem ; and I can only hope, that the children of to-day, who become the parents of to-morrow, will, as the result of instruction, be better guardians of their children than their ancestors have been.

Minor Ailments.—Large numbers of minor ailments and injuries continue to be treated at the Clinics.

Tonsils and Adenoids.—Enlarged Tonsils and the presence of Adenoids, together or separately, were noted in 1,259 cases. In many of these the condition is temporary only, and at a re-inspection the enlargement has been found to have disappeared.

Tuberculosis.—Forty cases of Pulmonary Tuberculosis and seventy-three cases of Non-Pulmonary Tuberculosis were discovered during the year.

From these figures no conclusion should be drawn as to the prevalence of tuberculosis. Many of the above are cured cases, and there are other active cases which naturally would not be seen by the School Medical Officer at the Routine Examination. Figures having greater reference to the actual prevalence of tuberculosis are given in Table 27, and in the section of this report dealing with Tuberculosis.

Skin Diseases.—In previous reports attention has been called to the decrease in the number of cases of Ringworm of the head, and this has been attributed to the shortening of the period of infectivity due to the promptness of the cure effected by X-ray. The decrease continues and is more marked than ever.

Scabies.—The number of cases of scabies showed a rise during the last year.

External Eye Disease.—There was a diminution in the number of cases of Conjunctivitis.

Vision.—There is a considerable increase in the number of children recorded as suffering from defective vision since many are children already treated. As the School Medical Service now has its own part-time Eye Specialist, cases which formerly would have been regarded as doubtful are now noted as defective and sent to him for final decision.

Ear Disease and Hearing. Crippling Defects. The figures as compared to previous years call for no special note.

INFECTIOUS DISEASE.

The year has been marked by the prevalence of Scarlet Fever and of Mumps. It has not been found necessary to recommend the closure of any school. Sufferers and contacts have been excluded from school according to the Medical Officer of Health's requirements.

During epidemic periods the Nurses and School Medical Officers have made special inspections at the schools in order to detect slight, incipient or missed cases of infectious disease.

Nurses visit the houses of sufferers from Diphtheria, and take swabs of all contacts. During the year 680 swabs have thus been taken, 34 of which were found positive.

During the year there were excluded 1,858 children suffering from one of the common infectious diseases; and, in addition 2,067 contacts of those cases were kept away from school for varying periods. Moreover, 112 children were excluded as the result of the findings at the routine inspections, and 4,497 on account of conditions discovered when these children presented themselves for treatment at the school clinics.

THE FOLLOWING-UP OF DEFECTS.

At Routine and Special Inspections, when, in the opinion of the Medical Officer, a child should be "followed-up," this fact is stated on the return made to the office. Following-up slips, stating the nature of defect and the School Medical Officer's recommendation, are promptly issued to the nurse concerned. The nurses make returns to the office of every visit made. At re-inspections the following up slips with the entries made on them by the nurses are delivered to the School Medical Officer for his information.

When private or hospital treatment is recommended to children attending the Clinic, a Nurse visits the home in order to ascertain what steps have been taken. In cases of Tonsils and Adenoids recommended for operation, the Nurse visits the home in order to ascertain if the general conditions are suitable for the child to return to immediately after the operation. Further visits are made on the first and third day after the operation has taken place.

The Eye Nurse makes a large number of visits in connection with the children attending the Eye Clinic. Cases of illness among children attending the Special Schools are visited by the Special School Nurses in order to ensure appropriate treatment. Each Dental Nurse gives two sessions a week to the work of following up dental cases. A Nurse attends Princess Square Minor Ailment Clinic every day during the periods of school hours, and a Nurse attends at the other Clinics for one hour daily or longer when necessary.

Altogether the Nurses have made 487 visits to homes to investigate cases of neglect, and 8,558 following-up visits. They have made also 562 visits to schools for the purpose of assisting in the routine examinations, and also 770 attendances at the Clinics with the Medical Officers.

MEDICAL TREATMENT.

During the past year treatment was provided by the Town Council as follows :—*Minor Ailments* are treated at Princess Square Clinic, Plymouth ; East Street Clinic, Stonehouse ; Albert Road Clinic, Devonport ; Salisbury Road Special Mixed School, Plymouth ; Paradise Road Special Mixed School, Devonport ; Efford Open Air School, and Mount Tamar Open Air School. *Tonsils and Adenoids* at the Homoeopathic and General and Royal Albert Hospitals. *X-Ray treatment of Ringworm* at Dr. Cheyne Wilson's residence. *Defective Vision* and Eye Disease at the Eye Clinic, 18 Princess Square. *Dental Defects* at the Dental Clinic, 18 Princess Square, Plymouth, and at the Dental Clinic, Albert Road, Devonport.

Deformities and crippling defects at the Remedial and Orthopaedic Clinics, Cobourg Street, Plymouth, and 37 St. Aubyn Street, Devonport.

Minor Ailments. The number of attendances for treatment was 48,015. This work is of vast importance since it entails the treatment and cure of the beginnings of disease, which, if neglected, might permanently damage the child's health and prospects.

Tonsils and Adenoids.—Seventy-three cases were operated upon under our Scheme at the Homoeopathic and Royal Albert Hospitals. Of these 12 were detained in hospital for 48 hours, because of unsatisfactory home surroundings or complications. Owing to the Homœopathic Hospital having been closed, there is at present a long list of cases awaiting operation. As a rule operative treatment is not urged in face of parents' objections. In such instances treatment by means of breathing exercises and local applications is carried out. After operation every child is given the opportunity of a period at an Open Air School.

Tuberculosis.—The actual treatment of active tuberculosis conditions is not undertaken at the School Clinics. All such cases are referred to the Tuberculosis Officer. Practically all tuberculous children are sent to the Open Air Schools when the disease has become cured or quiescent.

Skin Disease. Ringworm. Arrangements have been made for the detection of Ringworm by Bacteriological examination by the Borough Pathologist ; and for treatment from Dr. Cheyne Wilson by means of X-rays. The results are excellent. During the year 99 examinations have been made by the Pathologist and 31 children have been treated by X-Rays. *Scabies.*—The need for a station where this disease could be dealt with still exists, and it is hoped that such a cleansing station will be provided. Without it the proper treatment of scabies is impracticable.

External Eye Disease.—Two hundred and eighty-one cases were dealt with at the Ophthalmic Clinic. Cases requiring in-patient treatment are sent to the Royal Eye Infirmary and Royal Albert Hospital.

Vision.—Seven hundred and eighty-one children were refracted at the Eye Clinic by the Ophthalmic Specialist. The total number of attendances at the Eye Clinic was 5,251 during the year.

Ear Disease and Hearing.—One hundred and five cases of minor ear defects were treated at the Authority's Clinics. Otorrhoea is treated by ordinary methods of swabbing, clearing and drying. Hospital treatment is advised in special instances. Young children with profuse discharge are excluded from school. The employment of a specialist to attend at the Deaf School for one or two sessions annually should be considered.

Dental Defects.—There is a saying that " we dig our graves with our teeth," and probably there is no other part of the body which, when neglected, gives rise to so much ill-health as does the mouth. Decaying teeth and putrid gums cause the slow poisoning of the child and adult. Poison from the decomposing matter is absorbed and swallowed both by night and by day, and the results of these poisons upon the general health is often enough disastrous. Malnutrition, a state of sub-health, anaemia, indigestion heart disease and rheumatism—these and other conditions may all be due to poisoning from decaying teeth. No school medical service can be considered entirely successful unless it cares for the teeth of all the children ; and, unfortunately in Plymouth we are unable to give dental treatment to every child : for, up to last April, we had only one school dentist, and, since then, only two. Now it is calculated that one dentist can properly look after the Teeth of 5,000 children, whereas in Plymouth there are 29,100 children on the school registers. With our two school dentists therefore we are doing just about one-third of the work which we ought to do, and obviously an extension of our dental service is greatly to be desired.

The appointment of a second Dentist was, however, a step towards the realisation of the Board's scheme for the annual dental inspection and treatment of every child under the local authority. Full realisation means that no child will require treatment as a casual for every child will have a healthy mouth from the beginning to the end of its school career.

When required a School Dentist and Dental Nurse visit the Borough Sanatorium at Didworthy and treat the children in residence.

Crippling Defects and Orthopaedics. Tuberculous Cripples. During the active stage of the disease the treatment in the majority of these cases is undertaken by the Tuberculosis Medical Officer who sends them to the Special Hospitals when necessary.

The establishment of a local hospital for the treatment of surgical tuberculosis (together with such other conditions of crippling as could conveniently be treated in the same building) would be an immense advantage both to the Borough and to surrounding country districts. After leaving the special hospitals these children require a long period of observation and open-air treatment. This they receive at the Open Air Schools.

Non-Tuberculous Cripples. The majority of these are suffering from the results of poliomyelitis or infantile paralysis. They require treatment and observation during the whole of the school career in order that the deformities due to contractions of paralysed muscles may be prevented, and to secure the maximum of efficiency in the unaffected muscles. As pointed out in the Report of the Chief School Medical Officer of the Board of Education, practically all such children are capable of receiving proper benefit from the instruction of an ordinary elementary school, providing they can obtain the required supervision and treatment in a properly organised Orthopaedic Clinic. This is the state of affairs existing in Plymouth.

During the past year the School Medical Service has assumed complete control over the Orthopaedic Clinic, and over all the arrangements for supplying and repairing boots, splints, etc. The two Clinics—one in Devonport and one in Plymouth—together form one organisation. The School Medical Officer visits regularly once a week and oftener if necessary. The consulting Orthopaedic Surgeon attends once a month. The arrangements provide for the prompt carrying out of required repairs to splints and apparatus, wherever possible, " while you wait." Various forms of celluloid, plaster and aluminium splints are made on the premises. Apparatus for electrical treatment has been installed.

The following is a summary of the work done at the Orthopaedic Clinics in Plymouth during the year. The Medical Officer saw for the first time 63 children and re-inspected them and other cases on 395 occasions. There were 333 consultations with the Orthopaedic Surgeon (Dr. Kennedy), and instruments and boots were supplied or repaired in 302 instances.

OPEN-AIR EDUCATION.

Efford Open-Air School.—This school is delightfully situated just outside the Borough boundary on high land to the north-east of the town. There is an average of 153 children on the roll and the average attendance is 119. During the year 133 children have been admitted to the school and 117 discharged. The benefit which children obtain from open-air instruction is remarkable.

Numbers of improvements in this school are overdue. Among others the following deserve special mention. Dining accommodation is distributed over four separate places. The main dining-room is overcrowded and after a few minutes the atmosphere is most unpleasant. Cloakroom accommodation is inadequate as to both space and equipment. There are no facilities for drying children's clothes. The number of W.C.'s is insufficient. It must be understood that, in a school such as this where children attend from before breakfast until after tea, a greater proportional supply of W.C.'s is needed than in an ordinary elementary school. Although the grounds are extensive and lovely, the actual playing space for the children is small. If the requirement cannot otherwise be met, some of the garden space should be sacrificed. The sleeping shed originally intended for a hundred children does not accommodate a hundred and twenty-five. In order to admit more light and air to class-rooms and sheds the pruning of trees and the lopping of branches is desirable.

It is gratifying to be able to record that the dietary has been improved by the substitution of butter for margarine. To what extent the children benefit merely from the open-air life, or whether the improvement in health is due to the food supplied, cannot of course be ascertained. The results however, whatever may be the cause, are excellent ; and I should like to see every school in Plymouth an Open-Air School.

Mount Tamar Open-Air School.—This school is situated on high ground at St. Budeaux in the north-west of the town. It is a newer school than that at Efford. Again, those children who are sent there do extremely well. During the year the average number on the roll was 153, and the average attendance was 127. There have been 108 admissions and 94 discharges.

At this school, however, the Boys' cloakroom is unsuitable ; it is partially underground and is damp. The path leading to the cloakroom is dangerous and frequently muddy. The paths generally require thorough re-making and water-proofing. The playing space becomes very muddy in wet weather.

Open Air Classes.—Various schools hold classes in their playgrounds or neighbouring parks during the summer. Every encouragement should be given to the establishment of such classes. Apart from the question of expense children attend such at the discretion of the teachers, whereas a child has to be medically certified as physically defective before it can be sent to an Open Air School.

PROVISION OF MEALS.

Meals are provided at the Open Air Schools and Special School for Mental Defectives.

SCHOOL BATHS.

Baths are provided at the Open Air Schools and the Special Schools for Mental Defectives where bathing is part of the ordinary routine. The only elementary schools having baths installed are Camel's Head, where hot water is available on certain days of the week and York Street where there is one bath for Boys and one for Girls.

CO-OPERATION OF PARENTS.

Every parent is notified by letter of the date and time of a routine examination and invited to be present. If present the nature of any defect found and treatment advised is explained and when necessary the Nurse visits the home later. When the parent is not present a letter is sent or a Nurse visits, or sometimes both. It is rarely that difficulty arises from refusal of a parent to secure private treatment or to allow treatment under our schemes when there is a treatable defect to be overcome.

CO-OPERATION OF TEACHERS.

The Teaching Staff have continued cheerfully to render invaluable aid to Doctors and Nurses during the year. A Routine Examination is invariably carried out with smoothness. This entirely depends upon the preliminary work and arrangements of the Head Teacher. Without the help of the Teachers the work of our School Medical Service would be almost impossible, and I should like to take this opportunity of thanking them for their interest and support.

CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

Enquiries into circumstances prior to assessing parents with the cost of medical treatment are partly carried out by the Attendance Department, although, in my opinion, the whole of this work should be done by the Medical Officers. If visits by school Nurses fail to induce a child to attend the Clinic, the matter is handed over to the Attendance Department. If an Attendance Officer comes across a child who is apparently in need of medical attention, he reports to the Medical Officer. He also reports names of children he considers suitable for special schools, and any other facts for the notice of the School Medical Officer. Weekly information sheets are passed to and from the Attendance and Medical Departments conveying information concerning children excluded from School, or returned to school after exclusion.

CO-OPERATION OF VOLUNTARY BODIES.

In particular cases help is given to and received from the National Society for the Prevention of Cruelty to Children, the Civic Guild of Help, the Voluntary Care Committee for the Mentally Defective, and other bodies.

The following is a summary of the grants made by the School Children's Fund Committee during the past year :—

385 pairs of boots were supplied at a total cost of £160.

Part cost of surgical boots and appliances, 21 cases, at a cost of £14 14s. 0d. Food to the value of £7 10s. 0d.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Ascertainment.—Head Teachers, on appropriate forms, report the names of all children who appear to be incapable of receiving proper benefit from the instruction in ordinary schools. Apart from Head Teachers' reports, some of these children are in the first instance notified by Attendance Officers, private practitioners, and others. Special examinations by the Certifying Officers are then arranged at the Clinics.

All children found to be mentally defective are sent to the day special schools of the Authority, or to special residential schools ; or if ineducable, reported to the Local Control Authority.

Physical defectives incapable of receiving proper benefit from instruction at ordinary schools, are, if suitable, sent to our Open Air Schools, to the Deaf School, or to appropriate residential schools.

Epileptics incapable of receiving proper benefit from the instruction in ordinary schools, but capable of receiving benefit in a special school for epileptics, are sent to such.

In getting children (defective, epileptic, etc.) away to residential schools, it often occurs that application forms for several schools are filled up in order to secure the earliest vacancy and avoid waiting. Many of these forms are of great length. Much of a Medical Officer's time would be saved if admission forms for the various types of school were standardized or if the schools required nothing further than the report demanded by the Board of Education.

During the year 285 defective children (other than mental) have been examined. Ten physically defective children have been sent to residential schools and 254 to our Open Air Schools. Six children have been admitted to the Deaf School ; five to Epileptic Schools ; and two to Institutions for the Blind.

Deaf School.—We have our own Deaf School and in it excellent work is done ; for it is often possible to make a deaf and dumb child into a useful member of society. There are 39 children on the register of this school and the average attendance during the year was 34·4.

Stammerers.—A stammerers class is established in Plymouth, and children attend there for a three months course. Directions also are given to the parents of stammerers, so that the instructions of the school can be continued in the home. Owing to the kindness of the Education Secretary I have been able to ascertain the results in this Class on 105 children who have attended since 1921. Of these children 61 still stammer, 12 no longer have a stammer and the remainder cannot be traced. Of the 61 children who stammer, the speech impediment is slight in 17 cases, moderate in 29 and very pronounced in 15. In addition enquiries were made from the parents of these 105 cases but only 66 replies were received from which it appeared that 47 children were not cured although improvement was maintained in 42 insatnces.

MENTAL DEFICIENCY.

This problem is to-day one of the most serious with which civilisation is confronted.

During the year the School Doctors examined for mental defect 82 new cases, of which 56 were certified as mentally defective, one was found to be ineducable and 25 were referred for further observation and report. Since the Mental Deficiency Act, 1913, two hundred and sixty-nine cases have been referred to the Local Control Authority.

Special Schools.—There are no educable certified mentally defective children in the ordinary schools of the town. These children are all sent to Special Schools of which we have two—one at Salisbury Road, Plymouth (Boys and Mixed) and one at Paradise Road, Devonport (Mixed). At Salisbury Road (Boys) the number on the register at the end of the year was 138 and the average attendance was 121 or 87 per cent. ; thirty boys were admitted during the year and 39 were discharged. At Salisbury Road (Mixed) there were 11 children on the register at the end of the year, with an average attendance of 95, or 85 per cent. There were 19 admissions during the year, 16 discharges and 11 transfers to the boys' department. At Paradise Road there were 55 children on the register at the end of the year, with an average attendance of 49, or 89 per cent. There were 17 admissions during the year, 8 discharges, and 8 transfers to the Boys' Department at Salisbury Road School.

Children are detained in the Special Mental Schools until they reach the age of 16. They are taught such amounts of ordinary school subjects as they are capable of learning. Instruction is also given in boot-making, carpentry, gardening, leather work, fancy sewing, rug-making. raffia work, knitting. crochet and domestic subjects. The Chief Medical Officer of the Board of Education in his last report discusses the question of the economic value of the special education of this type of mental defective. The mental defectives whose education costs so much are not the " imbeciles " or " idiots." Such are ineducable and are not a charge upon education authorities. The mental defective of the Special School is often the " dunce," the child frequently described by teachers as " not what you call silly but he requires individual attention."

Few children are discharged from the Special School at the age of 16 with educational attainments beyond or even equal to Standard III. Only a few of these actually support themselves wholly or partially by means of the handicrafts they have been taught in the Special Schools. It may well be asked; how many support themselves wholly or partially by earnings in simple jobs, such as they might have taken up before reaching the age of 16, in which no use is found for the special and costly training they have been given ? In the case of these who are decertified when they leave the Special School, the fact of their having once been certified can be nothing but a handicap.

Human defects are of two kinds, mental and bodily. Of these socially the more important is mental defect which is due to defective growth of the thinking centres of the brain. When this defect is severe the sufferer becomes an idiot or imbecile and has to be guarded during life in an Asylum ; but, when it is slight, feeble-mindedness is the result, and the person afflicted is sometimes able to maintain himself in the least skilled and the poorest paid occupations. People of this nature may be a source of danger to Society because they are destitute of prudence and self restraint and reproduce their like without limit or control.

The government of the United States of America, before sending out their armies to take part in the Great European War, submitted their soldiers to an intelligence examination, which, though extremely simple, was a comprehensive test of mental alertness and common sense. The men were divided into five grades :—A. and B. men of superior intelligence ; C, of average intelligence ; D and E, men of inferior or very poor intelligence. The two lowest classes were below the " mental age " of nine years and many of class C were below the mental age of 13 years. If " feeble-mindedness " had been made to cover all intelligence below the age of 13 years then no less than 47·3 per cent. or nearly half of the entire draft, would have fallen below this line. These statements are taken from the article on Eugenics in the second series of Outspoken Essays by the Dean of St. Paul's. Commenting upon them Dr. W. R. Inge says, "America, then, the classical land of democracy, is governed by voters about half of whom are, in intelligence, children of less than thirteen years old. It will hardly be maintained either that our population is more intelligent than the Americans, or that the addition of the female voters would raise the standard. That is what we have come to; our legislators are chosen, and our policy determined by a body, half of whom would be scientifically classed as 'high grade morons.' And yet both in America and England enormous amounts of public money are wasted every year in attempting to educate those who have proved themselves incapable of education."

Unfortunately feeble-mindedness, and its trailers of criminals, prostitutes, paupers, and the like, cannot be bred *out* of a family when once it is established there; it can only be eliminated by bringing the infected and degenerate stock to an end. Emphatically it cannot be cured by education, however vast may be the education rate. The birth-rate of the feeble-minded is much in excess of that of normal persons; for feeble-minded women cannot protect themselves from having children at frequent intervals. The case has been quoted of the workhouse in which sixteen feeble-minded women had 116 idiot children. If in England there are 200,000 feeble-minded persons and each of these costs the State in one way or another about £1,500, it will be appreciated, at least by the higher mental grades of the population, what a drain the mentally diseased are upon our national and local resources. The remedies are apparent when once they are uncovered from their mists of sentimentality, and freed from the cloud of "make-believe" in which such adults, as have the mentality of children, desire to hide unpleasant and unpalatable facts. Sterilisation or segregation of the unfit would go a long way to easing our national burden, and much could be accomplished by insisting before marriage upon a certificate of mental health. A father, before his daughter marries inquires rightly as to the worldly prospects of his future son-in-law. When he demands that he should be physically sound and mentally fit, we shall see fewer idiot children. In the meantime we might save our labour and our money in not "attempting to educate those who have proved themselves incapable of education."

What then is the position in Plymouth and in the rest of the country to-day? Well-marked cases of idiocy and imbecility are sent to workhouses and asylums and are kept there, for the most part, all their lives without hope of cure, a cost to the State and a sorrow to their relatives.

Children who are feeble-minded, those expensive "mental defectives," are sent to special schools until they come to the age of sixteen years—the breeding age. Then they are discharged from School and are put more or less under the "care" of voluntary or official visitors, who call at the house of the mentally defective child, now and again, and see what has become of it. Surely it would be better to keep a child away from all such expensive schools, to put it rather in a class in the ordinary schools for dull and backward children; and then at the age of 14-16 years, to place that child compulsorily in a colony; or by means of a simple surgical operation to prevent it from propagating its degenerate species. Venereal Diseases Medical Officers tell us that the common prostitute is recruited from the ranks of the mentally defective, and every prison doctor will agree with the statement that, were it not for mental deficiency, our prisons would be half empty.

I have to thank the Head Mistress of one of our Special Schools (Miss Angier) and the Secretary of the Plymouth Voluntary Association for Mental Welfare for the following information regarding the after history of children who have passed through their hands since Easter 1917.

The Voluntary Association dealt with 1097 cases of feeble-mindedness during that period. Of this number 79 obtained regular work, and 150 casual work, such as selling newspapers or "helping at home." Ninety-nine others remained at home, seeking, apparently, no employment; and 144 were definitely unemployable. Eighty-one others have been sent to institutions, 19 have been dealt with under the Lunacy Act, and 36 are cared for by the Guardians. Many others have left the district or disappeared. Sixty-seven are dead and fifty-four are married! During the year 1925, there were referred to the Voluntary Association 121 cases of Mental Defect; and it is interesting to notice that ten of these have been before the Magistrates—two for neglect of children, one for infanticide, five concerned in cases for indecent assault and two more on other grave charges. Apart from these, three girls have illegitimate children and six others are known to be prostitutes.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

Practically all the children employed in Plymouth work as errand boys, and delivering papers. The total number of applications for employment permits during the twelve months ended December 31st, 1925, was 118 in respect of boys and 7 in respect of girls. Six permits were rescinded or refused on medical grounds in the course of the year. Thirty-two licences to boys between the ages of 15 and 16 to engage in Street Trading were issued during the year. Head Teachers bring to the notice of the School Medical Officer any child whose employment appears harmful or unsuitable.

MISCELLANEOUS.

Special Enquiries.—Medical Officers have assisted in the special enquiries instituted by the Board of Education into Tonsils and Adenoids and Defective Vision by supplying required information in 29 cases. Information as required by Anthropometrical Committee of the Board of Education has also been supplied.

SECONDARY SCHOOLS.

(*See Tables 29 to 36*).

Medical Inspection.—The general arrangements preparatory to the Medical Inspection of Secondary School children are exactly the same as those detailed with reference to Elementary Schools. In some schools Medical Inspection has this year been started for the first time, and a fair number of objections were received. The majority of these objections were withdrawn on a second letter being sent to the parents. The examination in accordance with the schedule of the Board of Education is more thorough and takes longer time than in the Elementary Schools. Special care is ensured that each child is examined privately. The Girls' Schools are inspected by a Lady Doctor.

Findings of Medical Inspection.—A total of 1042 children were inspected. This figure represents 33 per cent. increase on last year, and will continue to increase annually until the whole of the children in Secondary Schools are medically inspected each year. No less than 206 were found to be suffering from defects of eyesight. In 246 cases dental defects were noted. Completion of the scheme for the annual inspection and treatment of the teeth of Elementary School children would very greatly reduce the number of dental defects amongst Secondary School children. Only one case of suspected lung tubercle was discovered.

Following up.— The arrangements for following up are the same as for Elementary Schools. Nurses do not make routine visits to Secondary Schools for inspection as to cleanliness.

Medical Treatment.—With the exception of dental treatment all the arrangements made for Elementary Schools are available for Secondary Schools, also. In practice very few children from Secondary Schools attend the Minor Ailments Clinic. Very few need treatment for enlarged Tonsils, or for Ringworm ; but considerable numbers attend the Eye Clinic. A few with crippling defects attend the Orthopaedic Clinic to have their splints and other appliances kept in order, while others undergo courses of exercises for flat feet and postural defects.

THE PORT OF PLYMOUTH.

(*See Tables 37—45*).

The Medical Officer of Health for Plymouth is also Medical Officer of Health for the Port of Plymouth and is assisted by a Port Medical Officer, Dr. G. A. Borthwick, and two Assistant Port Medical Officers, Drs. E. J. Hynes and G. D. Kettlewell.

I am indebted to Dr. Borthwick for the following account of the work done during the year in the area of the Plymouth Port Sanitary Authority.

The Plymouth Port Sanitary Authority was constituted in the year 1882 by a provisional order of the Local Government Board dated 16th May, 1882, which was subsequently confirmed by Parliament and also by an amending Order for the Permanent Constitution of the Port Sanitary Authority of the 4th November, 1902. This Order came into operation on the 1st December, 1902. On the 9th November, 1923, the Corporation of Plymouth was constituted the Port Sanitary Authority. The limits of the Port of Plymouth as defined by His Majesty's Customs : " commence from the west side of the Erme mouth at the entrance into Bigbury Bay, in a supposed direct or right line westward into a headland commonly called Rame Head, and from thence in a supposed direct or right line into the East of a river called the Seaton, together with all bays, havens, harbours, sounds, bars, rivers, streams, strands, channels, creeks, roads, shores, and places within the said limits contained, and which said limits are also delineated and shown by the plan or chart thereof thereto annexed marked A. (extract from Return to Exchequer Writ filed and enrolled at Westminster in the 4th year of the reign of Queen Victoria, i.e., in 1841). The Boarding stations for all vessels arriving at or departing from the Port of Plymouth and the Creek of Calstock, to bring to for the boarding or landing of Officers of Customs, are that portion of the Sound set apart as the anchorage ground for merchant vessels, also the Cattewater."

A small map has been printed, from which you will readily see the extent of the foreshore which your officials have to patrol from time to time, making the necessary visits to the vessels discharging or loading at the various wharves, docks, etc. in the execution of their duties.

The Port of Plymouth is one of the finest ports of call in Europe. Unlike the ports of Southampton, London, Cherbourg, Le Havre, Bremerhaven and Rotterdam, Captains need feel no anxiety about catching tides as there is enough water in the Sound and Cawsand Bay even for the largest vessels, and the Port Officials are always ready to clear them, no matter what time of day or night they may arrive.

The principal lines of steamers making this a port of call for the purpose of landing of passengers, mails and specie are as follows :—

Australian Commonwealth ...	Australian Ports.
Aberdeen Steamship Co. ...	Cape Town and Australian ports.
American Line	New York.
British India Co.	Indian ports.
Cunard Line	New York, Montreal and Quebec.
Dutch West India Mail ...	West Indies.
Elder Dempster Co.	West Coast of Africa
French Line	New York and West Indies.
Hamburg American ...	Spain, Cuba and Mexico.
Henderson Line	Rangoon.
Holland American	New York.
Norddeutcsher Lloyd ...	New York
Ocean Line	Mexico and Cuba.
Orient Line	Australian ports.
Peninsula and Orient ...	India, China, Japan, Australia, Colombo.
Royal Mail	New York.
Red Star	New York.
Union Castle	Cape Town and East Coast of Africa.
United States Lines ...	New York.
White Star	New York.

The Cunard Company announces that next year, in addition to their ordinary service, they intend to inaugurate a new service of four vessels, *Cameronia*, *Carmania*, *Caronia* and *Lancastria*, from New York to Plymouth and London.

The Hamburg-American Line have opened a branch office in Plymouth and the ships of their West Indian Service commenced calling at Plymouth during December.

The Chief Ports, Foreign and British, with which the Port has most trade and the principal imports and exports are shown in Table 45 in the Appendix.

INFECTIOUS DISEASES.

The existing facilities for preventing the importation of infectious disease are as follows: Plymouth Pilots and Customs Officers are provided with a list of Ports infected with the major infectious diseases. This list is amended from time to time according to epidemic prevalence, weekly reports of the diseases throughout the world being supplied to the Port Medical Officer by the Ministry of Health. Any ship reporting the occurrence of any of these diseases during the homeward voyage is taken by the Pilot to the quarantine anchorage in Jennycliffe Bay, where it is at once visited by the Port Medical Officer.

All homeward bound mail and passenger vessels are visited by the Port Medical Officer, who interrogates the Ship's Surgeon and receives a medical certificate from him stating the health condition of the ship.

In the case of cargo vessels the Officers of the Customs board every ship, part of their duty being to question the Captain as to the health of those on board. In cases of illness of an infectious nature, immediate notice is given to the Port Medical Officer, who visits the ship forthwith.

Complete co-ordination exists between the Naval Health Authorities and the Port Sanitary Officials. Weekly notifications of infectious disease occurring in the Port are interchanged between the Naval Health Officer (Surgeon Commander C. H. Dawe) and the Port Medical Officer.

A letter of instruction has been distributed to all passenger ships calling here requesting wireless information to be sent to the Port Medical Officer, twenty-four hours before they arrive, when cases of sickness have occurred during the voyage so that adequate arrangements can be made beforehand. A copy of this letter was printed in last year's report.

The use of wireless apparatus for indicating the approximate time of the ship's arrival has not yet been reduced to a fine art. Whereas some ships give the approximate time of arrival very accurately, other ships do not, and much valuable time is wasted afloat waiting for ships whose wirelessed time of arrival is often hours overdue.

The number of hours nightwork for the year has been over 791, and it would be quite impossible for your Port Medical Officer to carry out the necessary work if it were not for the ready and able help afforded by the two Deputy Port Medical Officers, Dr. E. J. Hynes and Dr. G. D. Kettlewell.

During the year 2,657 vessels with a registered tonnage of 4,884,659 and carrying crews numbering 186,184 were visited by your officials.

Of the above 571 were passenger vessels arriving from foreign ports, carrying crews numbering 165,944 and having on board 149,369 passengers, 29,367 of whom landed here. In addition 9039 passengers arrived here on coastwise vessels.

The floating population dealt with by your officials was therefore 344,592, a number considerably greater than that of the Borough.

There were 59 deaths and 625 cases of sickness reported by the Masters or Ships' Surgeons as having occurred during the homeward voyage, 463 being of an infectious nature notifiable to the Ministry of Health and Naval Health Officer, Mount Wise, and 70 cases were landed and removed to the Borough Hospitals and South Devon and East Cornwall Hospital, Greenbank Infirmary, Royal Albert Hospital, Local Nursing Homes, or sent direct to their homes for treatment.

Cases of an infectious nature are placed in your motor launch *Clytie* and removed to the Hospital Ship *Flamingo* (22 beds), in the case of Cholera, Plague, Yellow Fever or Smallpox ; other cases being transferred ashore where they are met by the Borough Motor Ambulance which takes them to the Borough Infectious Diseases Hospitals, Mount Gold and Swilley.

The Borough Disinfecting Apparatus is used for the disinfection of infected clothing, etc., in the absence of the necessary appliances at the Hospital Ship. A special bathroom at the Borough Hospital, Mount Gold, has been placed at the disposal of the Port Sanitary Authority for the cleansing of verminous persons under the Aliens Order, 1920, and the Port Sanitary Authorities (Infectious Diseases) Regulations, 1920 ; and the steam disinfector is used for the disinfecting of verminous clothing.

One member of the crew of a cargo vessel required cleansing during the year.

The Chief Diseases causing anxiety during the year were Smallpox, Malaria and Plague.

SMALL-POX.

On the 19th February the s.s. *Malda* arrived from Calcutta, the ship's surgeon reported having landed a case of smallpox at Colombo during the homeward voyage. The usual precautions were taken to prevent the spread of infection. The crew and passengers landing here were medically examined, names and addresses of the latter being taken and forwarded to the Medical Officers of Health of their destinations. The vessel then proceeded to London, full particulars were forwarded to the Chief Medical Officer, Ministry of Health, and the Port Medical Officer, London.

On the 4th March, the P. and O. Steamer *Kaisar-I-Hind* arrived from Bombay. After boarding the vessel the ship's surgeon informed me that he had landed a case of smallpox at Colombo on the 18th February. All precautions were taken here to prevent the spread of infection.

On the 12th March, the P. & O. Steamer *Morea* reported having landed a case of small-pox at Gibraltar on the 9th March, 1925. The usual precautions were taken here.

On the 15th April the P. & O. Steamer *Narkunda* arrived from Bombay reporting that a case of smallpox had been landed at Marseilles on the 10th April, the crew numbering 415 persons and 118 passengers landing were medically examined and all precautions taken to prevent the spread of the disease.

On the 16th April, the British India Steamship *Merkara* arrived from Calcutta reporting having landed a case of smallpox at Colombo on the 16th March, 1925. The crew of 169 and 33 passengers landing were medically examined and the usual precautions taken.

On the 27th April the British India Steamship *Modasa* arrived from Karachi reporting that a case of smallpox had been landed at Bombay on the 27th March. The crew numbering 145 and 162 passengers landing were medically examined and the usual precautions taken.

On the 22nd July the P. & O. Steamship *Kaisar-I-Hind* reported having a case of suspected smallpox on board. On examining the patient I was of the opinion that the case was not one of smallpox and the vessel proceeded to London.

On the 15th August the Cunard Steamer *Caronia* arrived here reporting two cases of suspected smallpox. On examination, however, I was of the opinion that the cases were not smallpox.

On the 25th November the P. & O. Steamship *Ranchi* arrived at Plymouth from Bombay. The ship's surgeon reported that a case of smallpox had been landed at Suez on the 15th Nov. 1925. The ship's crew and passengers landing here were examined and their names and addresses forwarded to the Medical Officers of Health of their destinations.

Smallpox is therefore constantly knocking at our doors from the East, and now that the Hospital ship *Maud* has been sold, the provision of a smallpox hospital ashore is more imperative than ever.

MALARIA.

During the year 213 cases were notified. The following were the most important of these.

On the 23rd February the S.S. *Mulbera* reported having 15 cases of Malaria on board.

On the 5th September, the S.S. *Delta* reported 14 cases of Fever. On examination these were found to be convalescent Malaria.

On the 14th October the s.s. *Ranpura* reported having 35 cases of sickness, 31 of these cases were Malaria.

On the 28th October the S.S. *China* reported having had 60 cases of Malaria.

On the 7th December the S.S. *Merkara* reported one death from heart disease accelerated by Malaria, and also 20 cases of Malaria.

In most of these cases the ship's surgeon reported that although anti-malarial precautions such as fumigation to destroy mosquitoes, use of netting, and prophylactic doses of quinine were taken on the ship, the disease was contracted ashore at Bombay, where mosquito destruction does not seem to be carried out as actively as is possible.

PLAGUE.

Although Plague has continued throughout the entire East the epidemic has considerably abated during 1925.

The chief ports infected with Plague during the year were :

In Europe—Marseilles, Teneriffe, Salonica, Piræus and Constantinople.

In Asia—Jaffa, Baghdad, Calcutta, Bombay, Rangoon, Karachi, Colombo, Singapore, Bangkok and Shanghai.

In Africa—Alexandria, Algiers, Tunis, Port Said, Suez, Lagos, Madagascar and Mauritius.

In America—Los Angeles, New Orleans, Bahia and Guayaquil.

There were 184 vessels which arrived at Plymouth during the year from plague infected ports to discharge passengers. I am glad to say that there were no cases or suspected cases on any of them.

As the vessels only stay a few hours no attempt at rat destruction is possible here. This is done at the terminal port.

RATS AND PLAGUE.

The campaign for the extermination of rats in the area of the Port Sanitary Authority has continued during the year with gratifying results.

At the beginning of the year a number of rats were sent to Dr. J. J. Simpson, Keeper of the Department of Zoology, National Museum of Wales, Cardiff, who very kindly identified them for us. He found that we had in the Docks not only the ordinary brown rat (Rattus norvegicus), but also two species of black rats (Rattus rattus rattus and Rattus rattus alexandrinus) as well. Although both brown and black rats transmit plague, the black is the more dangerous one because it is a climber and haunts houses. The brown rat is however one of its worst enemies. A careful search was made and it was found that the black rats were habitating the upper floor of one grain shed where they were taking refuge from the brown rats in the louvred windows. An active campaign was instituted by our rat catchers, coupled with a request to have wire netting put over these windows, and I am glad to say that for the past three months no black rats have been seen in the docks.

Preventive measures such as the proper mooring of vessels, the use of rat guards on hawsers, and the rat proofing of vessels have continued.

Several sheds have had concrete floors and sides put in instead of wood, and one shed in the Great Western Docks has been completely re-built, although not to the plan advised by the Port Medical Officer. It is, however, a distinct improvement on the old shed.

In addition regular campaigns were made by the Port Sanitary Rat Officer and his assistant, the rat catchers of the Great Western Railway Co., and by the owners of private stores and warehouses.

A temporary rat catcher has been employed to assist the Port Sanitary Authority Rat Officers when occasion has arisen.

Holes have been cut in the doors of stores for the easy access of cats. One owner has tried mongeese for rat destruction and another pays 3d. a head for all rats killed by his staff.

During the year 21,380 poison baits were laid in the various stores and sheds in the Docks, of these 10,439 were eaten or disappeared, the results of which could not be ascertained as the rodents go to their burrows to die. In addition, however, 2,879 dead bodies of rats killed by traps, cats and dogs were obtained, 1,282 of these I have examined macroscopically, and 115 were sent to the Borough Pathologist (Dr. Eric Wordley) for bacteriological examination for Plague, with negative results.

SHELLFISH.

Oysters are cultivated in waters within the jurisdiction of the Plymouth Port Sanitary Authority—in the River Yealm, in the River Tamar near Saltash, and in the river Lynher at Saltash.

The Yealm Oyster Fisheries are at Steer Point, Brixton, and the beds are used for relaying purposes. Samples have been sent to the Borough Pathologist for bacteriological examination with satisfactory results. They are not liable to sewage contamination.

The Oyster Fisheries in the River Tamar and River Lynher are liable to sewage contamination (sewage from Saltash), and shellfish from these layings are only permitted to be sold to the Macfisheries Limited, for restocking their grounds, Duchy Oyster Farm, Port Navais Creek, and Helford River. Samples bacteriologically examined indicate sewage pollution.

Crabs and lobsters are caught in the Sound and regular bacteriological examinations of the waters of these fisheries have been conducted during the summer, details of which are attached. They indicate considerable sewage contamination, but since the crabs and lobsters are well boiled before being consumed they are not likely to be sources of infection.

BATHING POOLS.

Regular inspections of the bathing pools of the Port Sanitary Area have been made by your officials and samples of water taken at all different states of the tides for bacteriological examination. The results show the presence of bacillus coli in 1 cubic centimetre at most times and tides in the pools of the Sound.

The building of a swimming bath where some system of filtration or disinfection of the water could be introduced is a matter for consideration.

VENEREAL DISEASES.

On the 17th November, 1925, the Ministry of Health notified Port Sanitary Authorities that an International Agreement had been ratified by His Majesty on behalf of Great Britain and Northern Ireland, under which the contracting parties undertake that facilities shall be available at each of their chief sea and river ports for the gratuitous treatment of merchant seamen suffering from Venereal Disease, without distinction of nationality and for the provision of sufficient medical supplies to carry out necessary treatment during the voyage to their next port of call; and that Port Sanitary Officers on first visiting ships shall furnish a supply of notices for the crew, stating the address of the treatment centres for Venereal Diseases and the hours of the clinics. The Venereal Diseases centre for the port of Plymouth is the South Devon and East Cornwall Hospital and the Medical Officers in Charge Dr. G. D. Kettlewell and Dr. E. J. Hynes, are also the Deputy Port Medical Officers. Notices regarding this treatment centre have been given to the Masters and crew of all vessels entering the port for some years past.

MEDICAL INSPECTION OF ALIENS UNDER THE ALIENS ORDER, 1920.

All aliens, except alien seamen, landing at Plymouth are either medically inspected or examined, the inspections being carried out on the vessels before the passengers are landed. Instructions are issued from time to time by the Ministry of Health as to the exclusion of persons suffering from certain diseases.

SANITARY AND FOOD INSPECTION.

Your Inspector (Mr. R. W. Weale) to whom, I am glad, you have granted two years extension of service, has continued to do good work in the inspection of vessels and foodstuffs.

His relations with owners, captains and crews of vessels arriving here have been such that in no case was any legal proceeding necessary either to seize unsound food or to have insanitary conditions remedied.

During the year 179 informal notices were issued to remedy 912 sanitary defects, and full details will be found in your Inspector's reports.

Water Supply to Vessels. Ships coming alongside the quays obtain their fresh water supply from the Borough mains. Vessels in the Sound are supplied by water from the Borough, carried out by two water boats. These are regularly inspected as to cleanliness of tanks, hoses and appliances. Samples of water from the tanks of the water boats have been bacteriologically examined and as a result it was necessary to have the tanks in one case disinfected by steam.

On the 1st June, 1925, the Public Health (Imported Food) Regulations, 1925, came into force.

These consolidate and amend the Public Health (First Series Unsound Food) Regulations, 1908, the Public Health (Foreign Meat) Regulations, 1908, and the Public Health (Foreign Meat) Amending Regulations, 1909.

The provisions for dealing with food which is found on examination to be unsound are substantially the same as in the existing regulations, but Article 6 makes it a definite offence to import any article of food which has at any stage in its preparation been condemned in another country.

The classes of oversea meat are divided into two groups. Prohibited Meat consists of meat detailed in a schedule, the importation of which is unconditionally prohibited, and conditionally admissible meat detailed in a schedule in which importation is prohibited unless the meat is accompanied by a recognised official certificate of the country of origin. An official certificate is now required also for lard, dripping, edible tallow and other rendered fats.

In administering these regulations at Plymouth a certain difficulty was experienced in the interpretation of the terms " other rendered fats " and a cargo of Premier Jus from Argentine was held up on the 20th October, 1925 for a few hours until the Ministry of Health was informed and an instruction obtained that Premier Jus did not come within the regulations.

During the year your hospital ship *Flamingo* was painted inside and out, and ten beds and other stores transferred to her from the hospital ship *Maud*, when the latter was sold for breaking up. At present she has 22 beds in readiness not only for the reception of cases of plague, cholera and yellow fever, but also temporarily for smallpox.

On the 13th May it was reported to you that the mooring chains of the *Flamingo* were rubbing and as a result the Naval Dockyard Authorities removed her to a buoy and thoroughly repaired her moorings. It is thirteen years since she was in dry dock, and it is imperative that she should be overhauled in the near future.

Your motor launch *Clytie* had her 12 year old engine examined in October, and, it being found worn and defective, a new 15 horse power Kelvin sleeve engine was installed and the boat thoroughly repaired and painted.

I take this opportunity of expressing my appreciation and thanks to Dr. G. D. Kettlewell, Dr. E. J. Hynes, to the whole of the Staff, and the various bodies in connection with the administration of the Port, viz. : The Naval Authorities, H.M. Collector of Customs and Staff, the Superintendent and Officials of the Great Western Docks, the Immigration Officers, the Agents and Staffs of the various Shipping Companies and the Consular body, for their cordial co-operation on all occasions.

I am indebted to Mr. R. W. Weale for the following account of the work done by him as Inspector of Nuisances and Food Inspector in the Port of Plymouth during the past year.

In dealing with vessels arriving from Infected areas discharging cargoes or part cargoes, the Local Government Board Orders 1907 relating to Plague, Cholera and Yellow Fever, were strictly adhered to. Notices were issued to vessels of all classes, loading and unloading cargoes, to remedy insanitary defects, and without exception I have found the masters of the vessels ever ready to comply with the informal notices served. Should, however, circumstances prevent the defects from being remedied at this port, permission has been given to complete the work at their next port of call, during the round voyage or at their home port, and a copy of the notice served has been sent to the Port Medical Officer at their destination. Instructions as to the survey of masters' and crews' spaces were borne in mind during the inspection of vessels and any infringement of the Regulations of the Board of Trade was reported to the local officials.

All foodstuffs landed from coastwise or foreign ports were systematically examined.

Under the Public Health (Imported Food) Regulations 1925, 587 vessels were visited, including 23 carrying grain.

Over 183 tons of foodstuffs were condemned as unsound, unwholesome or unfit for food during the past year, consisting principally of fats of sorts, fish, canned goods, fruit, vegetables and grain.

Several consignments of Pigs' Carcases were imported from Rotterdam and landed at the Great Western Docks for local merchants. Each carcase was examined and found to be in a good and healthy condition.

Owing to the exceptionally dry spring the fruit and vegetable supply from Brest was very much less than for the past two years. But at the same time the quality was exceptionally good. The quantities of strawberries and green peas arriving at the docks during the past five years were as follows :—

1921	...	126100 parcels	...	1193 tons.
1922	...	34136 ,,	...	363 ,,
1923	...	253553 ,,	...	2490 ,,
1924	...	289725 ,,	...	2869 ,,
1925	...	170262 ,,	...	1607 ,,

This will give some idea of the traffic during the strawberry season between the various ports in the North of France and Plymouth.

Potatoes were very plentiful and of good quality and a constant supply was brought over from Brest, Perros, Paimpol, Treguier, Port Blanc, Lezardrieux and St. Malo in small ketches each carrying from about 20 to 40 tons.

CONCLUSION.

The demand for health must essentially preceed its attainment ; and no Town can obtain a perfect health service without desiring this and demanding it definitely and earnestly. This Report will not have been written in vain, if it serves to arouse interest in a subject, which, above all others, is of primal importance to all of us. I feel that I cannot end this Report better than by quoting the words of Sir George Newman, the Chief Medical Officer of the Ministry of Health, published in his last Annual Report as follows :—" It is the business of the Public Health Service to concern itself in all that saves life, that postpones the event of death, that reduces sickness and invalidity, and that increases human energy, enlarges its capacity and develops productivity. Thus it should contribute to the efficiency and happiness of life. It is this wider view of their responsibilities that I commend to the Local Authorities charged with the duty of the sound administration and practice of Preventive Medicine. It is theirs by wise expenditure and economical organisation to aid and facilitate the rearing and maintenance of a healthy race of people, and to continue to attack infection and all forms of insanitation. The public health is the primary asset of the nation's welfare, whether measured by capacity, employability, and production, or by length of days, or by personal well-being."

LIST OF CHARTS.

A. Vital Statistics in Wards.

B. Infant Mortality 1915—1925.

C. Scarlet Fever—variations from the average incidence.

D. Diphtheria—variations from the average incidence.

E. Tuberculosis—Weekly numbers in Institutions.

F. Birth-rate, Death-rate and rate of natural increase 1915—1925.

G. Port Sanitary Area.

CHART A.

VITAL STATISTICS IN WARDS FOR 1925.

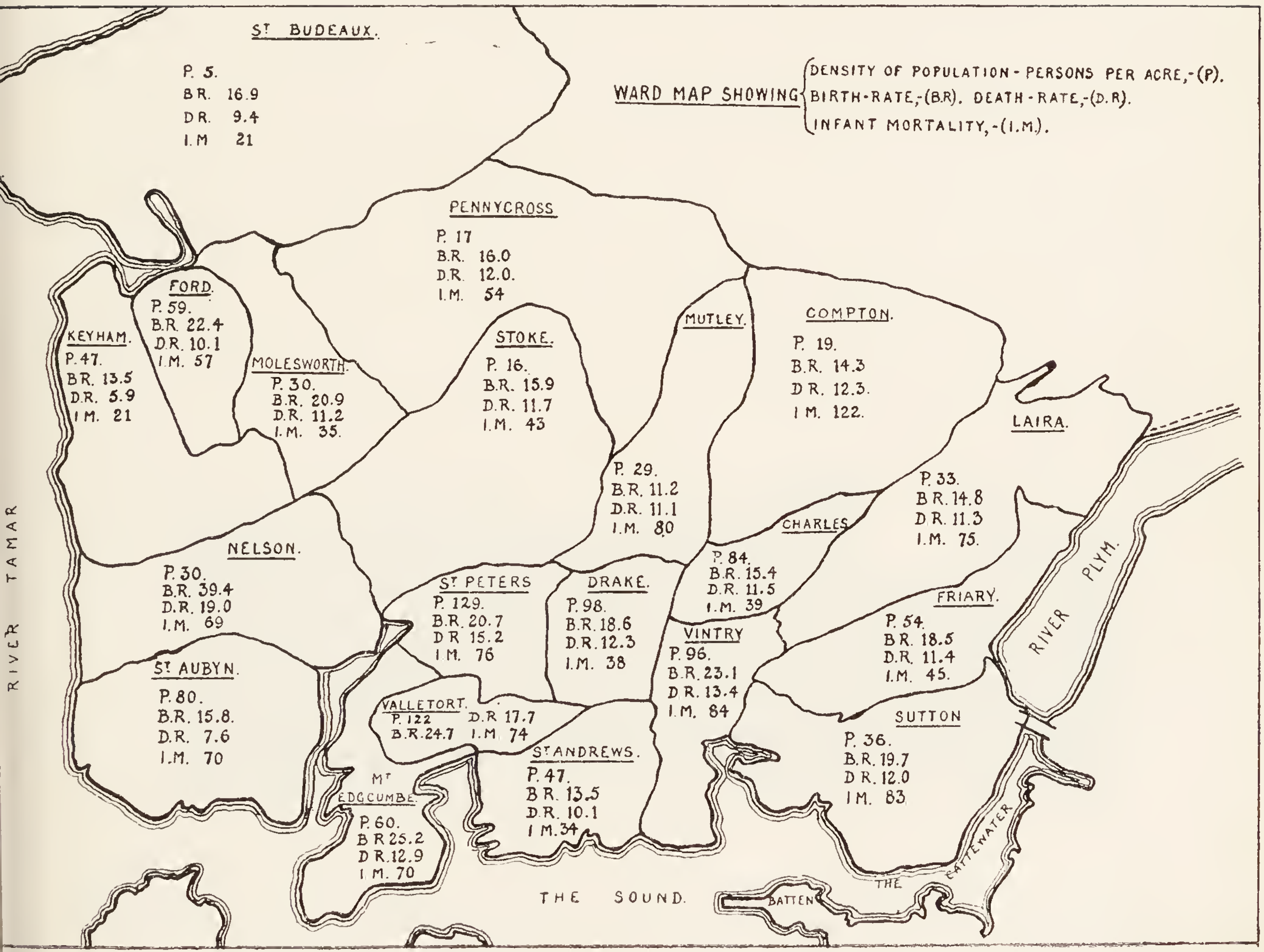
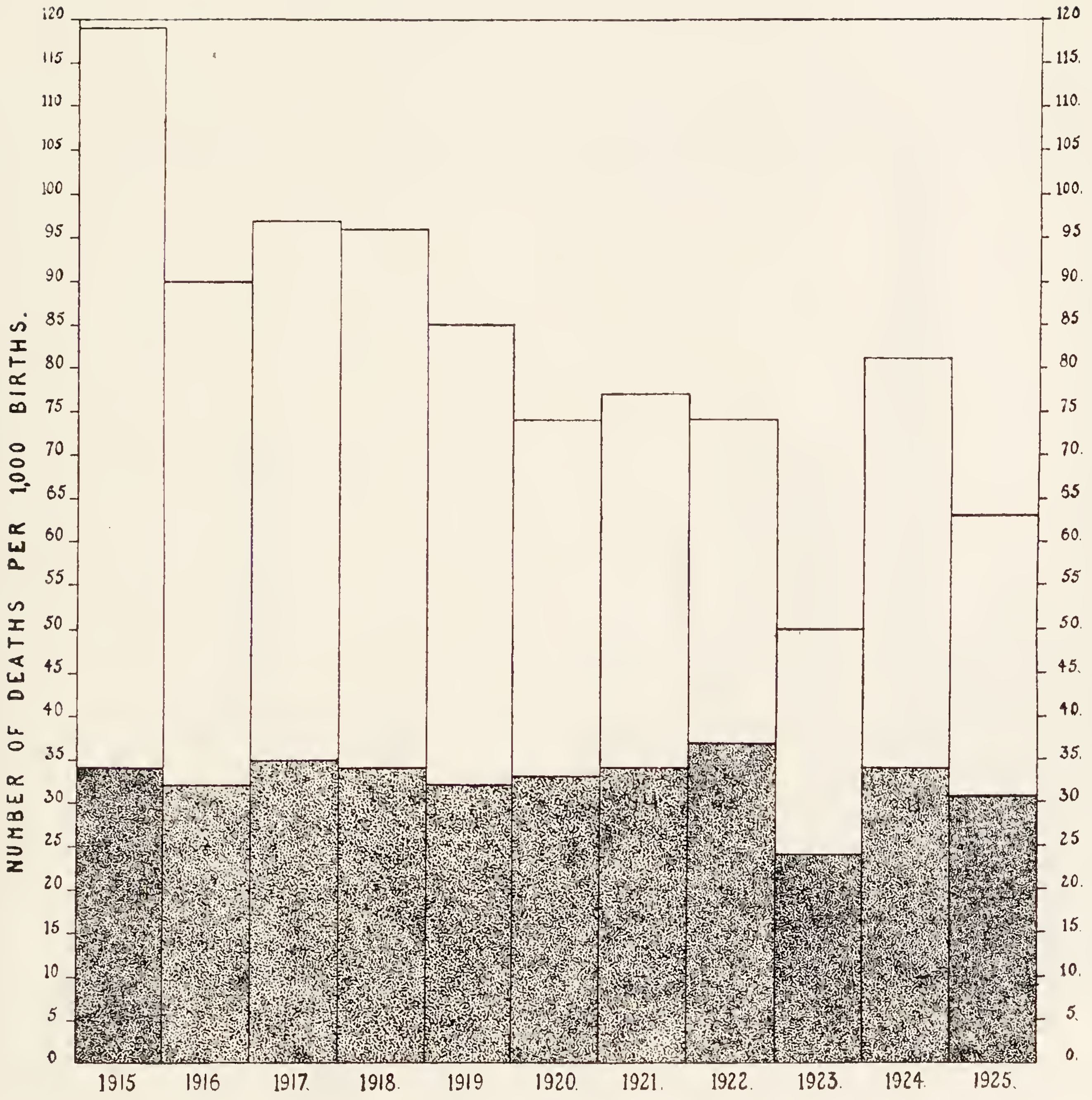


CHART B.

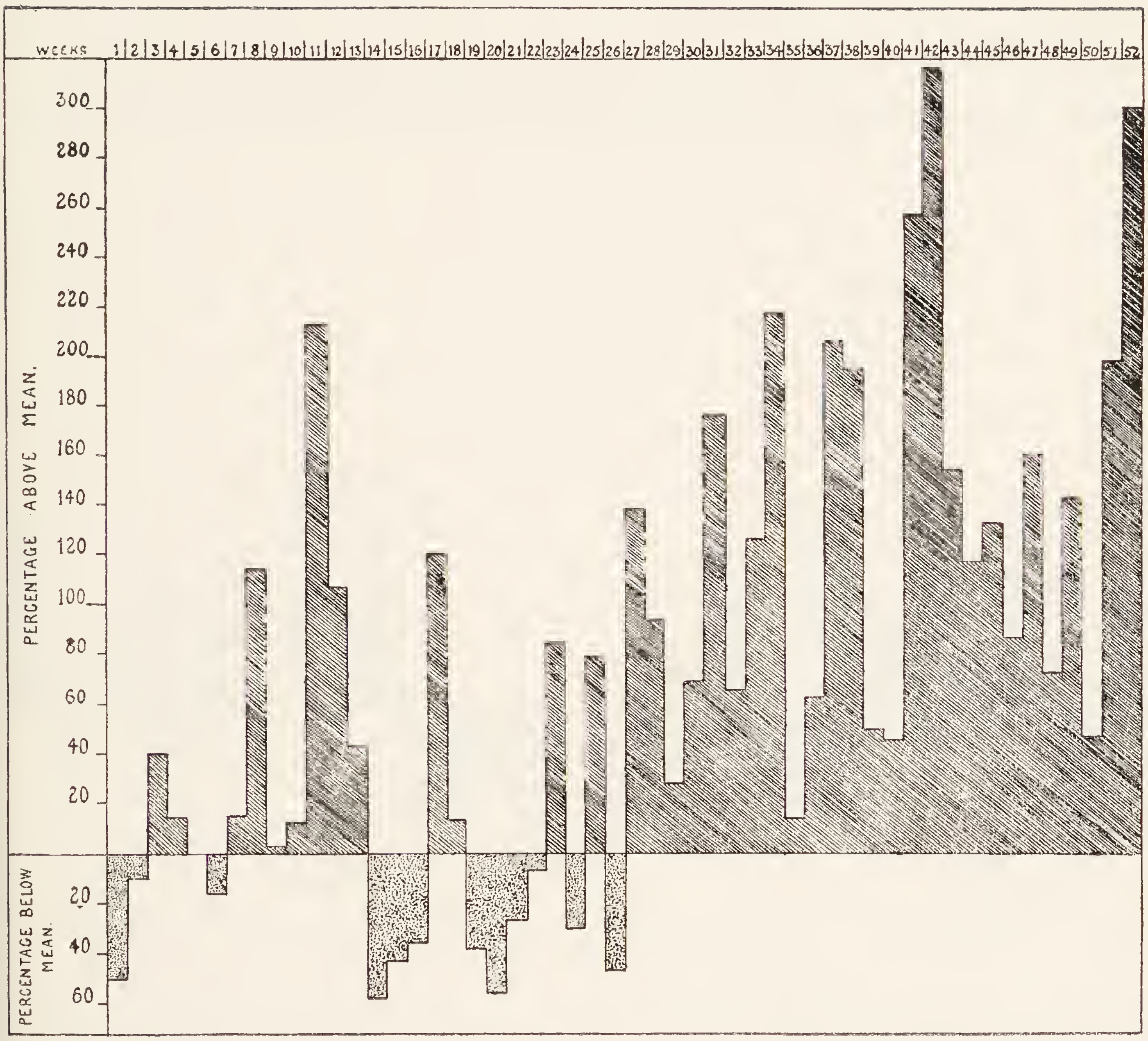
INFANT MORTALITY 1915—1925.



NOTE : The shaded portion shows the number of Deaths due to ante-natal causes per 1,000 births ; and the unshaded portion shows the Deaths due to post-natal influences. The total column shows the rate of infant mortality year by year.

CHART C.

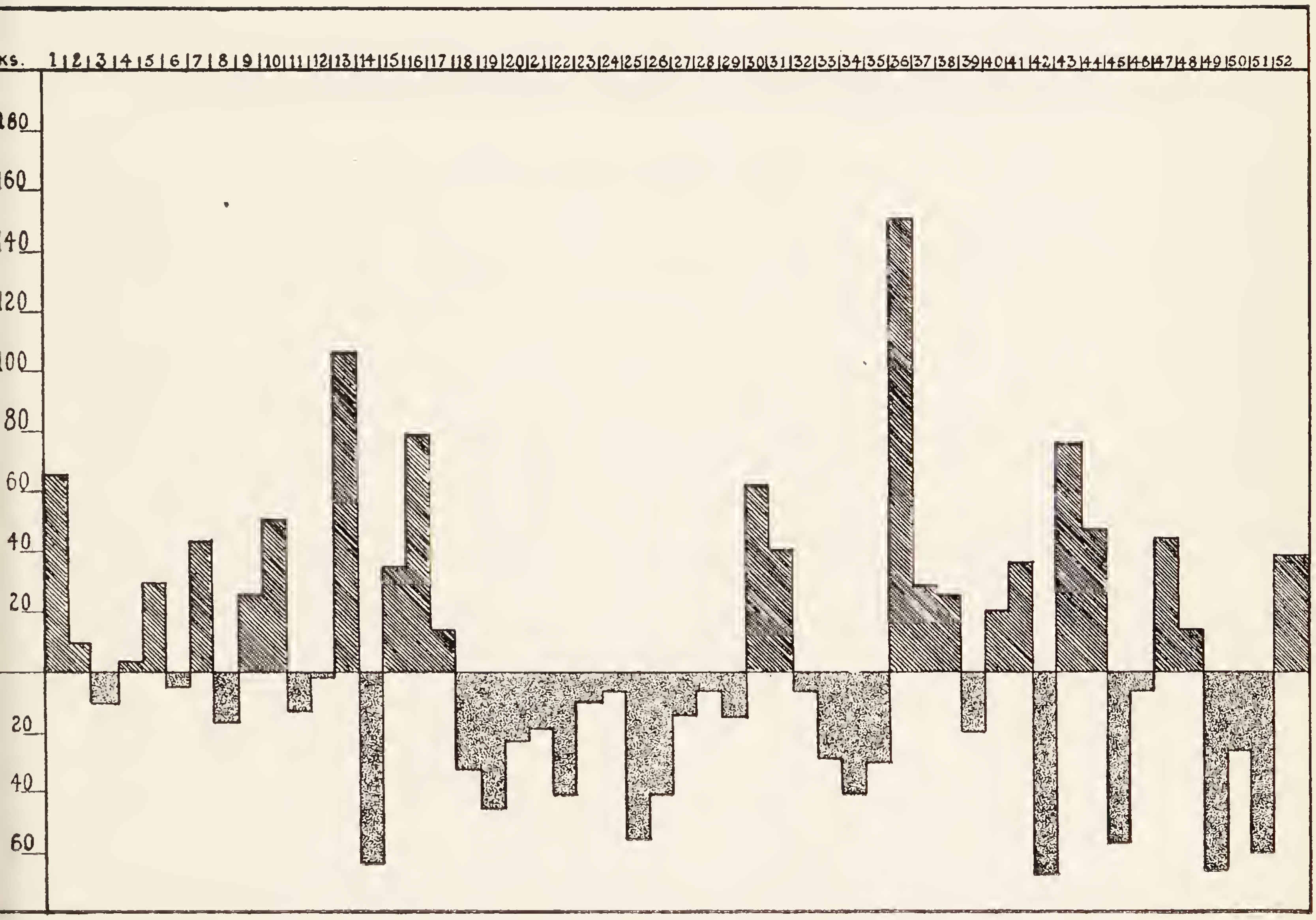
SCARLET FEVER IN 1925.



NOTE: This Chart shows the percentage variations of the notification of Scarlet Fever from the weekly averages of the last ten years.

CHART D.

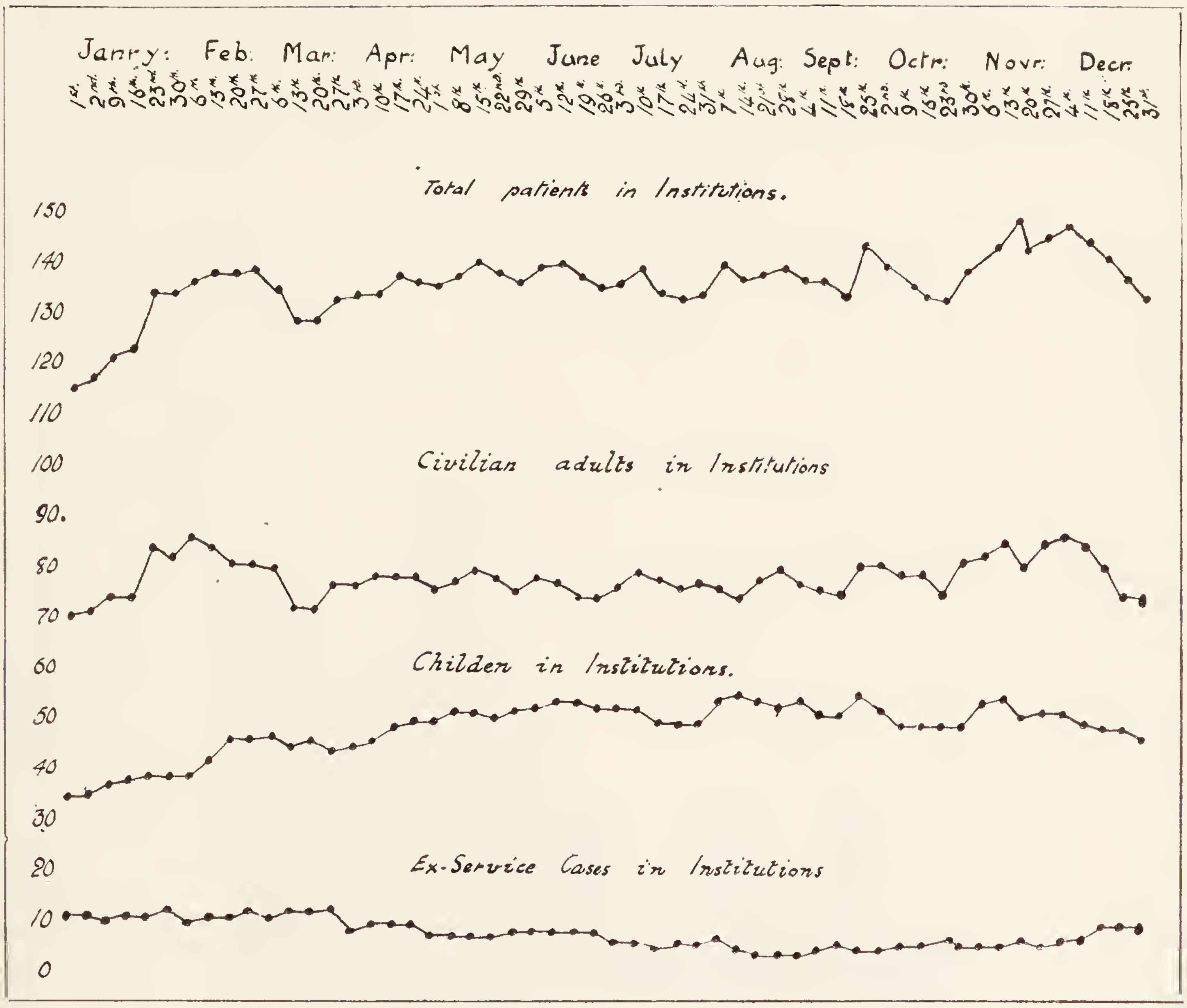
DIPHTHERIA IN 1925.



E : This Chart shows the percentage variations of the notifications of Diphtheria from the weekly averages of the last ten years.

CHART E.

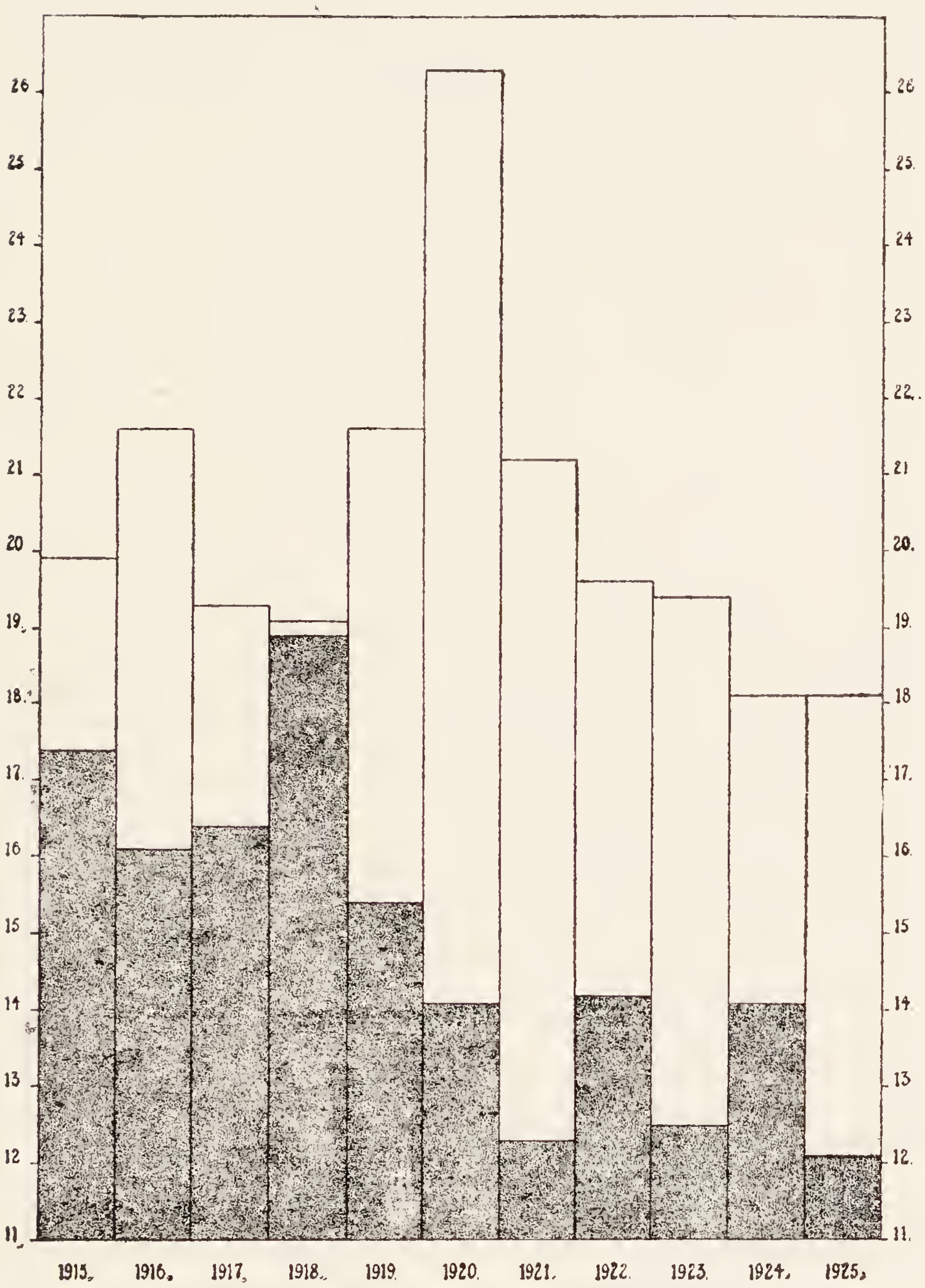
TUBERCULOSIS.



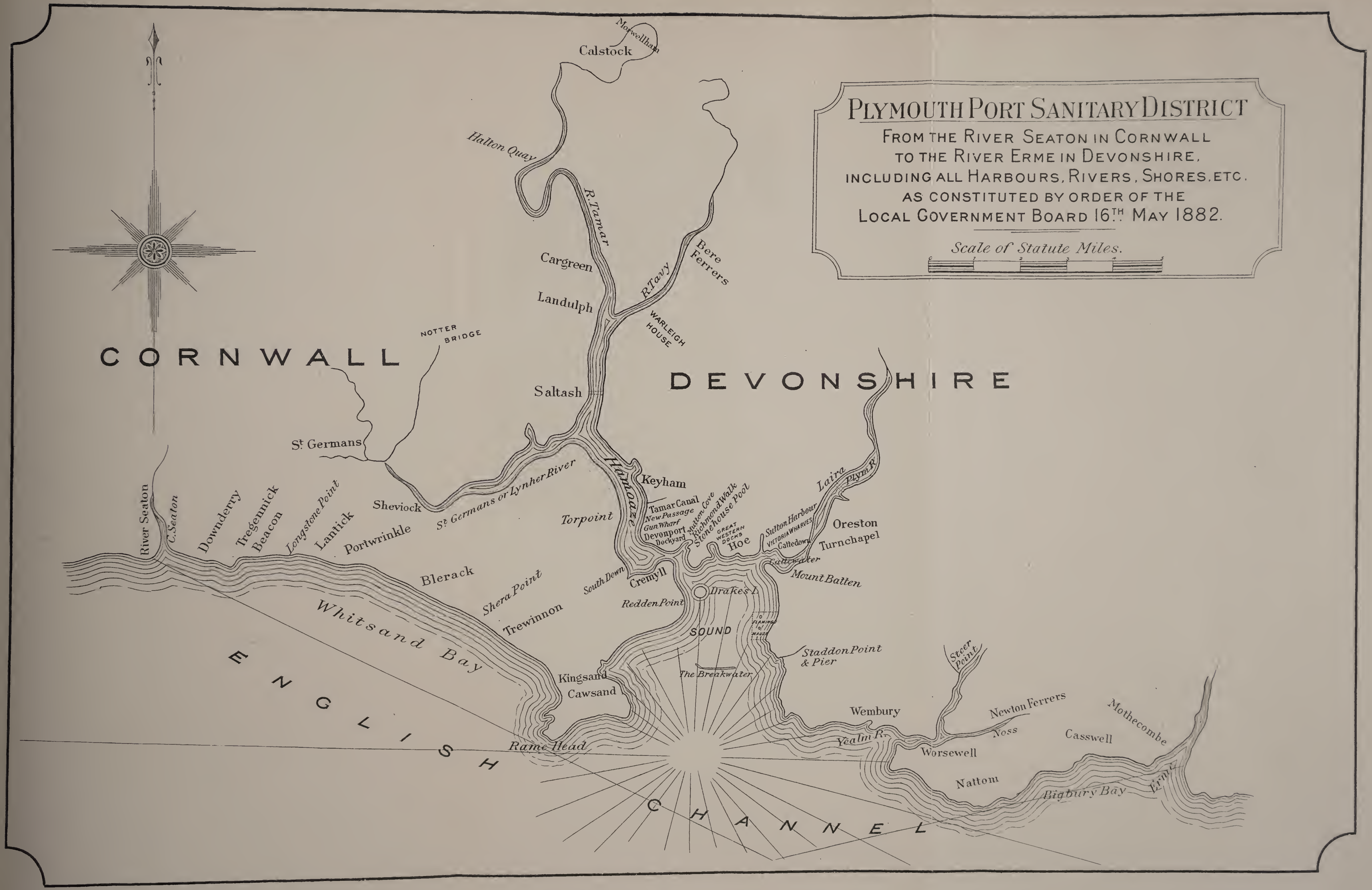
NOTE : This Chart shows the weekly numbers and the classifications of tuberculous persons in Institutions during the year.

CHART F.

BIRTH-RATE, DEATH-RATE AND RATE OF NATURAL INCREASE, 1915—1925.



NOTE :— The Death-rates are shown by the shaded portion of the chart ; the rate of natural increase by the unshaded columns ; and the Birth-rate by the shaded *plus* the unshaded portions.



PLYMOUTH PORT SANITARY DISTRICT
FROM THE RIVER SEATON IN CORNWALL
TO THE RIVER ERME IN DEVONSHIRE,
INCLUDING ALL HARBOURS, RIVERS, SHORES, ETC.
AS CONSTITUTED BY ORDER OF THE
LOCAL GOVERNMENT BOARD 16TH MAY 1882.

Scale of Statute Miles.

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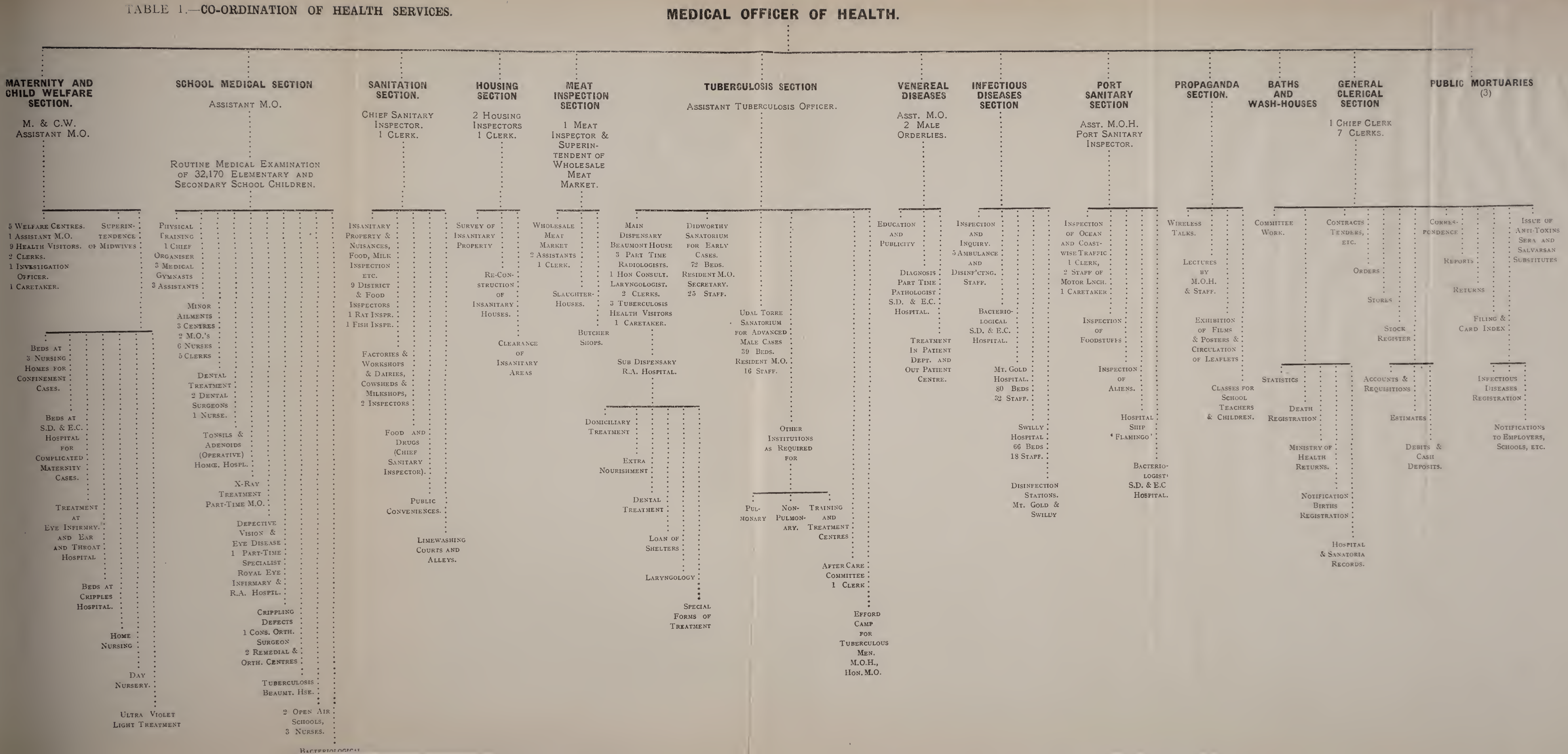
LEAFLET.

Cancer

TABLE 1.—CO-ORDINATION OF HEALTH SERVICES.



MEDICAL OFFICER OF HEALTH.

- **MATERNITY AND CHILD WELFARE SECTION.** M. & C.W. Assistant M.O.
  - 5 Welfare Centres. 1 Assistant M.O. 9 Health Visitors. 2 Clerks. 1 Investigation Officer. 1 Caretaker.
  - Superintendence of Midwives
    - Beds at 3 Nursing Homes for Confinement Cases.
    - Beds at S.D. & E.C. Hospital for Complicated Maternity Cases.
    - Treatment at Eye Infirmry. and Ear and Throat Hospital
    - Beds at Cripples Hospital.
    - Home Nursing
    - Day Nursery.
    - Ultra Violet Light Treatment
- **SCHOOL MEDICAL SECTION** Assistant M.O.
  - Routine Medical Examination of 32,170 Elementary and Secondary School Children.
    - Physical Training 1 Chief Organiser 3 Medical Gymnasts 3 Assistants
    - Minor Ailments 3 Centres 2 M.O.'s 6 Nurses 5 Clerks
    - Dental Treatment 2 Dental Surgeons 1 Nurse.
    - Tonsils & Adenoids (Operative) Homœ. Hospl.
    - X-Ray Treatment Part-Time M.O.
    - Defective Vision & Eye Disease 1 Part-Time Specialist Royal Eye Infirmary & R.A. Hosptl.
    - Crippling Defects 1 Cons. Orth. Surgeon 2 Remedial & Orth. Centres
    - Tuberculosis Beaumt. Hse.
    - 2 Open Air Schools, 3 Nurses.
    - Bacteriological
- **SANITATION SECTION.** Chief Sanitary Inspector. 1 Clerk.
  - Insanitary Property & Nuisances, Food, Milk Inspection etc. 9 District & Food Inspectors 1 Rat Inspr. 1 Fish Inspr.
  - Factories & Workshops & Dairies, Cowsheds & Milkshops, 2 Inspectors
  - Food and Drugs (Chief Sanitary Inspector).
  - Public Conveniences.
  - Limewashing Courts and Alleys.
- **HOUSING SECTION** 2 Housing Inspectors 1 Clerk.
  - Survey of Insanitary Property
  - Re-Construction of Insanitary Houses.
  - Clearance of Insanitary Areas
- **MEAT INSPECTION SECTION** 1 Meat Inspector & Superintendent of Wholesale Meat Market.
  - Wholesale Meat Market 2 Assistants 1 Clerk.
  - Slaughter-Houses.
  - Butcher Shops.
- **TUBERCULOSIS SECTION** Assistant Tuberculosis Officer.
  - Main Dispensary Beaumont House 3 Part Time Radiologists. 1 Hon Consult. Laryngologist. 2 Clerks. 3 Tuberculosis Health Visitors 1 Caretaker.
    - Sub Dispensary R.A. Hospital.
      - Domiciliary Treatment
      - Extra Nourishment
      - Dental Treatment
      - Loan of Shelters
      - Laryngology
      - Special Forms of Treatment
  - Didworthy Sanatorium for Early Cases. 72 Beds. Resident M.O. Secretary. 25 Staff.
  - Udal Torre Sanatorium for Advanced Male Cases 39 Beds. Resident M.O. 16 Staff.
  - Other Institutions as Required for
    - Pul-monary
    - Non-Pulmon-ary.
    - Training and Treatment Centres
  - After Care Committee 1 Clerk
  - Efford Camp for Tuberculous Men. M.O.H., Hon. M.O.
- **VENEREAL DISEASES** Asst. M.O. 2 Male Orderlies.
  - Education and Publicity
  - Diagnosis Part Time Pathologist S.D. & E.C. Hospital.
  - Treatment In Patient Dept. and Out Patient Centre.
- **INFECTIOUS DISEASES SECTION**
  - Inspection and Inquiry. 5 Ambulance and Disinf'ctng. Staff.
  - Bacterio-logical S.D. & E.C. Hospital.
  - Mt. Gold Hospital. 80 Beds 32 Staff.
  - Swilly Hospital 66 Beds 18 Staff.
  - Disinfection Stations. Mt. Gold & Swilly
- **PORT SANITARY SECTION** Asst. M.O.H. Port Sanitary Inspector.
  - Inspection of Ocean and Coast-wise Traffic 1 Clerk, 2 Staff of Motor Lnch. 1 Caretaker
  - Inspection of Foodstuffs
  - Inspection of Aliens.
  - Hospital Ship 'Flamingo'
  - Bacterio-logist S.D. & E.C Hospital.
- **PROPAGANDA SECTION.**
  - Wireless Talks.
  - Lectures by M.O.H. & Staff.
  - Exhibition of Films & Posters & Circulation of Leaflets
  - Classes for School Teachers & Children.
- **BATHS AND WASH-HOUSES**
- **GENERAL CLERICAL SECTION** 1 Chief Clerk 7 Clerks.
  - Committee Work.
  - Statistics
    - Death Registration
    - Ministry of Health Returns.
    - Notification Births Registration
    - Hospital & Sanatoria Records.
  - Contracts Tenders, etc.
  - Orders
  - Stores
  - Stock Register
  - Accounts & Requisitions
    - Estimates
    - Debits & Cash Deposits.
  - Corres-pondence
  - Reports
  - Returns
  - Filing & Card Index
  - Infectious Diseases Registration
    - Notifications to Employers, Schools, etc.
  - Issue of Anti-Toxins Sera and Salvarsan Substitutes
- **PUBLIC MORTUARIES** (3)

TABLE 2.

OCCUPATIONS AND INDUSTRIES AS GIVEN IN THE CENSUS OF 1921.

Occupation.	*Male.*	*Female.*
Fishermen	370	—
Agricultural	542	34
Mining, Quarrying, etc.	136	6
Makers of Bricks, Pottery and Glass	32	2
Chemical Processes, Paints, Oils etc.	184	35
Metal Workers	9086	50
Workers in Precious Metals and Electro-Plate ...	25	—
Electrical Occupations and Fitters	1158	5
Makers of Watches, Clocks and Scientific Instruments	116	1
Tannery, Leather Workers, etc.	63	11
Textile Workers, etc.	1038	3165
Makers of Foods, Drinks and Tobacco	828	329
Workers in Wood and Furniture	2452	110
Printers, Paper Workers and Makers, etc. ...	707	432
Builders, etc., Contractors	2067	3
Painters and Decorators	1197	1
Workers in Other and Mixed Materials ...	1435	49
Gas, Water and Electricity Undertakings ...	256	4
Transport and Communication	8127	232
Commercial, Finance and Insurance (excluding Clerks)	5476	3794
Public Administration and Defence (excluding Clerks)	20271	273
Professional Occupations (excluding Clerks) ...	1407	1865
Employed in Entertainments and Sport	349	165
Engaged in Personal Service	1972	8237
Clerks, Draughtsmen (not Civil Service or Local Authority), Typists	1668	1781
Warehousemen, Storekeepers and Packers ...	1198	377
Stationary Engine Drivers, Dynamo and Motor Attendants	471	—
Other and Undefined Workers	8014	230
Retired or not Gainfully Occupied	12191	63360

TABLE 4.

DEATHS FROM ALL CAUSES, 1925.

	All Ages.	Under 1 year.	1—2 years.	2—3 years.	3—4 years.	4—5 years.	Total under 5 years.	5—10 years.	10—15 years.	15—25 years.	25—35 years.	35—45 years.	45—65 years.	65 and upwards.	Deaths in Public Instns	Inquests.	1 Compton.	2 Mutley.	3 Pennycross.	4 Laira.	5 Charles.	6 Friary.	7 Sutton.	8 Vintry.	9 Drake.	10 St. Andrew's	11 St. Peter's	12 Valletort.	13 Mount Edgcumbe.	14 Molesworth	15 St. Budeaux	16 Ford.	17 Nelson.	18 Keyham.	19 St. Aubyn.	20 Stoke.	Totals.
All causes—Certified	2404	243	54	22	20	10	349	34	22	97	112	151	607	1032	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Un-certified	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1. Enteric fever...	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
2. Small-pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3. Measles	3	1	1	1	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	—	—	—	—	—	—	—	3
4. Scarlet fever	3	—	—	—	2	—	2	1	—	—	—	—	—	—	2	—	—	—	—	—	—	—	1	—	—	—	—	1	1	—	—	—	—	—	—	—	3
5. Whooping Cough	15	4	5	2	1	1	13	2	—	—	—	—	—	—	1	—	—	—	3	1	—	—	1	1	1	—	1	2	—	1	—	—	1	2	1	—	15
6. Diphtheria	8	—	1	1	1	1	4	3	1	—	—	—	—	—	11	—	—	—	—	—	1	—	—	—	—	—	1	2	1	1	—	—	—	—	—	2	8
7. Influenza	34	—	—	1	—	1	2	—	—	5	4	3	9	11	4	—	3	2	—	3	—	2	2	1	4	2	4	2	—	3	—	—	—	1	2	3	34
8. Encephalitis lethargica	13	—	—	—	1	—	1	2	—	3	3	1	2	1	8	—	—	2	—	3	—	1	—	—	2	2	—	—	—	1	—	1	—	—	1	—	13
9. Meningococcal meningitis	4	1	1	1	—	—	3	—	—	—	—	—	1	—	3	—	—	1	—	1	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	4
10. Tuberculosis of respiratory system	179	—	—	1	1	—	2	—	3	50	55	31	36	2	52	4	5	3	7	4	10	10	16	15	7	4	18	19	9	10	3	7	11	10	9	2	179
11. Other tuberculous disease	44	6	4	4	—	2	16	3	3	9	2	3	7	1	24	1	—	2	3	3	—	2	8	2	4	—	5	1	—	4	1	2	3	1	3	—	44
12. Cancer, malignant disease ...	288	—	—	—	—	—	—	—	—	1	2	15	141	129	94	1	16	7	7	12	13	12	14	19	23	14	35	19	7	11	5	12	13	14	24	11	288
13. Rheumatic fever	7	—	—	—	—	—	—	—	1	1	—	—	2	3	3	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	2	1	2	—	7
14. Diabetes	22	—	—	—	—	—	—	—	—	—	1	—	9	12	7	—	—	2	—	4	—	—	1	1	—	1	1	1	3	1	—	1	4	1	1	—	22
15. Cerebral haemorrhage, etc. ...	170	—	—	—	—	—	—	—	—	—	—	3	53	114	30	7	8	8	8	4	10	9	3	10	7	10	13	12	5	11	4	9	14	7	14	4	170
16. Heart disease	300	—	1	—	—	—	1	3	1	2	5	17	87	184	62	52	14	13	18	15	17	14	6	19	19	12	25	18	7	10	11	9	6	24	25	18	300
17. Arterio-sclerosis	55	—	—	—	—	—	—	—	—	—	—	—	12	43	20	1	—	4	1	4	6	1	2	1	2	2	5	8	—	5	—	3	6	—	2	3	55
18. Bronchitis	245	22	6	1	2	1	32	—	—	—	—	4	43	166	32	7	10	4	13	9	13	17	8	20	14	10	21	22	19	7	3	8	15	8	19	5	245
19. Pneumonia (all forms)	165	40	21	4	5	—	70	3	5	5	5	10	35	32	39	15	6	9	4	6	9	7	20	16	5	3	12	7	6	5	3	9	11	7	11	9	165
20. Other respiratory diseases ...	34	4	—	1	—	—	5	—	—	—	2	6	10	11	6	3	—	2	2	2	2	—	2	4	1	1	2	3	4	1	1	1	2	—	2	2	34
21. Ulcer of stomach or duodenum ...	4	—	—	—	—	—	—	—	—	—	—	1	2	1	2	—	—	1	—	—	—	1	—	1	—	—	—	1	—	—	—	—	—	—	—	—	4
22. Diarrhoea, etc. (under 2 years) ...	33	27	6	—	—	—	33	—	—	—	—	—	—	—	1	2	1	—	1	2	3	1	2	1	2	—	2	5	2	2	—	—	—	2	6	1	33
23. Appendicitis and typhilitis ...	11	—	—	—	1	1	2	1	—	3	—	—	3	2	13	—	—	—	—	1	1	—	2	1	1	—	—	—	—	—	1	2	1	1	—	—	11
24. Cirrhosis of liver	7	—	—	—	—	—	—	—	—	—	—	2	4	1	2	1	—	—	—	—	1	—	1	—	2	1	—	1	—	—	—	—	—	—	—	1	7
25. Acute and chronic nephritis ...	62	—	—	—	—	—	—	2	—	2	1	5	31	21	24	2	3	2	1	6	2	2	3	5	4	4	3	2	—	3	5	2	11	1	2	1	62
26. Puerperal sepsis	3	—	—	—	—	—	—	—	—	—	3	—	—	—	4	—	—	—	1	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	3
27. Other accidents and diseases of pregnancy and parturition ...	15	—	—	—	—	—	—	—	—	1	8	6	—	—	9	1	—	1	—	—	—	—	2	1	1	—	3	2	—	1	—	—	1	—	2	1	15
28. Congenital debility and malformation, premature birth ...	115	110	4	1	—	—	115	—	—	—	—	—	—	—	18	6	7	3	5	5	2	4	5	14	3	1	10	7	9	6	1	6	11	2	10	4	115
29. Suicide	31	—	—	—	—	—	—	—	—	1	—	3	16	11	7	35	1	1	—	—	5	2	2	2	2	3	2	1	2	—	—	1	1	3	1	2	31
30. Other deaths from violence ...	49	4	—	1	1	1	7	3	1	2	8	6	8	14	27	57	2	3	2	7	4	5	3	3	2	1	1	—	3	1	—	4	4	2	2	—	49
31. Other defined diseases	479	23	4	3	5	2	37	11	6	12	13	35	95	270	183	18	15	16	19	28	33	31	26	34	31	16	36	35	25	19	15	17	27	15	26	15	479
32. Causes ill-defined or unknown ...	6	1	—	—	—	—	1	—	—	—	—	—	1	4	—	5	—	1	1	1	—	—	—	1	—	—	—	1	—	—	—	—	1	—	—	—	6
Total	2405	243	54	22	20	10	349	34	22	97	112	151	607	1033	688	218	91	87	96	122	133	121	131	172	138	87	201	173	104	105	53	94	146	102	165	84	2405

TABLE 5. **INFECTIOUS DISEASES, 1925. WARD DISTRIBUTION.**

Disease.	Compton.	Mutley.	Pennycross.	Laira.	Charles.	Friary.	Sutton.	Vintry.	Drake.	St. Andrew's	St. Peter's.	Valletort.	Mount. Edgcumbe.	Molesworth.	St. Budeaux.	Ford.	Nelson.	Keyham.	St. Aubyn.	Stoke.	Total Number of Cases Notified.					Cases removed to Borough Hospitals		Cases removed to Other Instns.	Cases isolated at home.	Totals.
																					1st Qr.	2nd Qr.	3rd Qr.	4th Qr.	Total.	Certified Cases.	Wrongly diagnosed			
Scarlet Fever	37	34	20	45	54	88	57	48	41	20	47	40	4	19	—	15	26	11	13	14	109	67	151	306	633	528	26	—	105	659
Diphtheria	7	4	8	5	17	24	55	25	12	6	39	18	15	15	—	1	19	4	4	7	89	51	63	82	285	278	22	1	6	307
Enteric Fever	—	1	—	—	2	—	—	—	2	—	—	—	—	—	—	1	—	—	—	—	1	2	2	1	6	2	1	2	2	7
Pneumonia	3	1	6	8	14	1	1	3	1	3	6	1	2	13	2	7	3	7	1	5	26	24	9	29	88	—	—	—	88	88
Puerperal Fever	1	—	1	—	1	1	1	—	—	—	—	—	—	—	—	1	1	—	—	—	2	1	1	3	7	—	1	6	1	8
Cerebro-Spinal Fever	—	—	1	—	—	—	—	1	—	—	—	—	—	1	—	—	1	—	—	—	2	1	1	—	4	—	2	3	1	6
Acute Poliomyelitis	—	1	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	2	—	3	—	—	—	3	3
Encephalitis Lethargica	1	1	—	1	1	2	1	—	—	2	—	1	—	—	—	—	1	—	1	—	5	2	—	5	12	1	9	5	6	21
Ophthalmia Neonatorum	—	—	—	2	—	1	—	2	—	—	2	2	—	1	—	1	1	3	1	—	3	4	5	4	16	—	—	2	14	16
Erysipelas	1	—	2	4	3	—	3	2	5	1	5	2	1	1	—	3	1	5	5	1	7	13	13	12	45	—	—	—	45	45
Tuberculosis—Pulmonary	12	12	19	22	23	17	23	28	28	12	27	27	25	17	9	14	23	14	30	7	81	96	110	102	389	—	—	—	389	389
Non-Pulmonary	—	2	7	7	4	5	5	7	6	3	6	6	6	10	1	3	5	6	10	4	26	21	27	29	103	—	—	—	103	103
Malaria-contracted abroad	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	1	2	1	1	—	4	—	—	—	4	4
Chicken-pox	32	33	38	32	31	67	68	30	29	28	50	69	59	88	11	37	45	56	30	32	254	224	101	286	865	—	—	—	865	865
Whooping Cough	4	7	29	9	9	10	14	2	10	8	8	15	2	42	29	29	51	71	32	19	270	130	—	—	400	1	—	—	399	400
Totals	98	96	131	136	159	216	228	148	134	83	190	181	115	207	53	112	178	177	128	90	877	638	486	859	2860	810	61	19	2031	2921
Attack rate per 10,000 population	132.8	123.3	163.7	127.0	137.8	204.7	208.9	115.9	120.0	97.1	143.7	186.0	113.8	221.0	94.8	120.6	232.5	103.7	59.4	125.9										

Note.—Whooping Cough : The notification of whooping cough was rescinded as from the 25th May, 1925.
Diphtheria : 919 persons who have been in contact with the patients notified have had their throats bacteriologically examined, of which 21 were found to be carriers of this disease ; 15 of whom were removed to the Borough Hospital

TABLE 6.

BACTERIOLOGICAL LABORATORY WORK DONE DURING THE YEAR 1925.

Disease.	*Borough Hospitals.*	*Medical Practitioners.*	*Tuberculosis Dispensary.*	*School Medical Department.*	*M.O.H.*	*Total.*
Diphtheria	2151	682	3	870	48	3754
Enteric Fever	22	8	—	—	—	30
Tuberculosis (Sputum) ...	—	503	832	—	—	1335
Cerebro-Spinal Fever ...	10	5	—	—	—	15
Ringworm	—	—	—	98	—	98
Urine	6	7	11	—	—	24
Milk	—	—	—	—	315	315
Tap Water	—	—	—	—	40	40
Sea Water	—	—	—	—	104	104
Rats	—	—	—	—	98	98
Animal Inoculation ...	—	—	—	—	54	54
Faeces	—	—	—	—	41	41
Soil	—	—	—	—	2	2
Food	—	—	—	—	8	8
Oysters	—	—	—	—	2	2
Others	—	5	1	—	3	9
	2189	1210	847	968	715	5929

TABLE 7.

LIST OF ADOPTED ACTS, ETC.

The following Acts have been adopted :—

- The Infectious Disease (Prevention) Act, 1890.
- The Public Health Acts Amendment Act, 1890.
- The Museums and Gymnasiums Act, 1891.
- The Public Libraries Acts.
- The Baths and Wash-houses Acts.
- The Public Health Amendment Act, 1907.
- The Public Health Act, 1925—Sections 14, 15, 17, 18, 19, 20, 24, 25, 26, 28, 30, 31, 32, 35, 36, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 53, 54 and 55.

The following Bye-laws have been adopted :—

- For the Good Rule and Government of the Borough of Plymouth and for the Prevention of Nuisances. 8th April, 1918.
- With respect to Slaughterhouses, 8th April, 1918.
- With respect to Nuisances. 8th April, 1918.
- For preventing the waste, undue consumption, misuses or contamination of water. 9th February, 1920.
- With respect to Boats and Vessels. 9th February, 1920.
- With respect to the employment of children. 27th July, 1920.
- With respect to Common Lodging Houses in the Borough. 8th July, 1909.
- With respect to houses let in lodgings. 27th March, 1906.
- Relating to Maternity Homes. 28th July, 1924.

TABLE 8.

Factories, Workshops and Workplaces.

1.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances

Premises. (*1*)	*Number of* *Inspections.* (*2*)	*Number of* *Written Notices.* (*3*)	*Number of* *Occupiers prosecuted.* (*4*)
FACTORIES (Including Factory Laundries)	431	62	—
WORKSHOPS (Including Workshop Laundries)	761	88	—
WORKPLACES (Other than Outworkers' premises)	—	—	—
Total	1192	150	—

2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Particulars. (*1*)	*Number of Defects.* *Found.* (2)	*Number of Defects.* *Remedied.* (3)	*Number of Defects.* *Referred to H.M. Inspector.* (*4*)	*Number of offences in respect to which Prosecutions were instituted.* (5)
Nuisances under the Public Health Acts:—				
Want of cleanliness	71	76	—	—
Want of ventilation	4	4	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	—	—	—	—
Other nuisances	26	27	—	—
Sanitary accommodation: insufficient	14	16	—	—
Sanitary accommodation: unsuitable or defective ...	55	59	—	—
Sanitary accommodation: not separate for sexes ...	2	1	—	—
Offences under the Factory and Workshop Acts:—				
Illegal occupation of underground bakehouse (s. 101) ...	—	—	—	—
Other offences	19	17	—	—
Total	191	200	—	—

TABLE 9.

HOUSING STATISTICS 1925.

Number of new houses erected during the year	386
(*a*) Total (including numbers given separately under (*b*)	
(*b*) With state assistance under the Housing Acts :	
(*i.*) By the Local Authority	186
(*ii.*) By other bodies or persons	59

1. UNFIT DWELLING-HOUSES.

Inspection—	
(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ...	850
(2) Number of dwelling-houses which were inspected and recorded under the Housing Consolidated Regulations 1910, or the Housing Consolidated Regulations, 1925...	290
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	11
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ...	280

2. REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICES.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	15

3. ACTION UNDER STATUTORY POWERS.

A.—Proceedings under section 3 of the Housing Act, 1925	
(1) Number of dwelling-houses in respect of which notices were served requiring repairs ...	266
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(*a*) By owners	372
(*b*) By Local Authority in default of owners ...	4
(*c*) By Local Authority with consent of owners	15
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	Nil.
B.—Proceedings under Public Health Acts.	
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	2158
(2) Number of dwelling-houses in which defects were remedied after service of formal notices—(*a*) By Owners	2114
(*b*) By Local Authority in default of owners	6
C.—Proceedings under sections 11, 14 and 15 of the Housing Act, 1925.	
(1) Number of representations made with a view to the making of Closing Orders	11
(2) Number of dwelling-houses in respect of which Closing Orders were made	11
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit	18
(4) Number of dwelling-houses in respect of which Demolition Orders were made	18
(5) Number of dwelling houses demolished in pursuance of Demolition Orders	12
(6) Number of dwelling-houses in respect of which Closing and Demolition Orders have been determined, the dwelling-houses having been rendered fit	10

TABLE 10.

SLAUGHTERHOUSES.

	In 1920.	*In January, 1925.*	*In December, 1925.*
Registered	10	9	8
Licensed	2	2	1
Total	12	11	9

TABLE 11.

SAMPLES TAKEN UNDER SALE OF FOOD AND DRUGS ACTS.

Article.	*Official.*		*Informal.*		*Totals.*
	Genuine.	*Adulterated.*	*Genuine.*	*Adulterated.*	
Apricot Jam	—	—	1	—	1
Baking Powder	—	—	8	—	8
Blackcurrant Jam	—	—	6	—	6
Boracic Ointment	—	—	6	—	6
Bramble Jelly	—	—	1	—	1
Brandy	2	—	—	—	2
Butter	41	4	30	1	76
Calomel	—	—	4	—	4
Cheese	—	—	11	—	11
Cherry Brandy	—	—	2	—	2
Chocolate	—	—	4	—	4
Cocoa	—	—	6	—	6
Coffee	—	—	10	—	10
Condensed Milk	—	—	11	—	11
Cream	9	1	13	—	23
Curry Powder	—	—	4	—	4
Custard Powder	—	—	4	—	4
Demerara Sugar	—	—	5	—	5
Dried Milk	—	—	3	—	3
Egg Powder	—	—	8	—	8
Fish Paste	—	—	5	—	5
Gooseberry Jam	—	—	1	—	1
Ginger Brandy	—	—	3	—	3
Ground Almonds	—	—	16	—	16
Ground Rice	—	—	6	—	6
Honey	—	—	4	—	4
Lemonade Powder	—	—	4	—	4
Malt Vinegar	—	—	4	—	4
Marmalade	—	—	8	—	8
Meat Paste	—	—	6	—	6
Mincemeat	—	—	1	—	1
Pan Yan Pickle	—	—	1	—	1
Pepper	—	—	12	—	12
Raspberry Cordial	—	—	1	—	1
Raw Milk	154	15	11	5	185
Rice	—	—	4	—	4
Rum	2	1	3	2	8
Red Plum Jam	—	—	1	—	1
Scald Milk	5	1	—	—	6
Self-raising Flour	—	—	10	—	10
Strawberry Jam	—	—	4	—	4
Strawberry and Gooseberry Jam	—	—	1	—	1
Tapioca	—	—	6	—	6
Tea	—	—	8	—	8
Tincture of Iodine	—	—	3	1	4
Whisky	—	3	—	—	3
Zinc Ointment	—	—	5	1	6
	213	25	265	10	513

TABLE 12.

SHOWING ADULTERATION OF FOOD AND ACTION TAKEN DURING THE YEAR.

No.	*Official Sample.*	*Extent of Adulteration.*	*Penalty Inflicted.*
33	Raw Milk	5% added water	Fined £2 and 4/– Special Costs.
34	Raw Milk	2% added water	Fined £2 and 4/– Special Costs.
115	Raw Milk	10% added water	Fined £2.
128	Raw Milk	1% added water	Cautioned.
129	Raw Milk	1% added water	Cautioned.
161	Rum	40.85 Deg. under proof or 9 parts added water	Fined £5.
162	Whisky	40.2 Deg. under proof or 8 parts added water	Fined £5.
163	Whisky	36.3 Deg. under proof or 2 parts added water	Cautioned.
164	Whisky	36.3 Deg. under proof or 2 parts added water	Cautioned.
167	Raw Milk	17% deficient in fat	Fined £10 and 2/– Special Costs
173	Cream	0·15% Boric Acid	Fined £3.
187	Raw Milk	6% deficient in fat	Fined £6 and £1 1s. 0d. (Govt. Analyst's Fee).
188	Raw Milk	6% deficient in fat	Fined £2.
234	Raw Milk	6% deficient in fat	Fined 10/–.
242	Raw Milk	6% deficient in fat	Fined £2.
255	Butter	Consisted wholly of Margarine	Fined £15.
277	Raw Milk	6% deficient in fat	Fined £3.
291	Butter	Consisted wholly of Margarine	Fined £2.
408	Scald Milk	2% added water	Cautioned.
413	Raw Milk	1% added water	Cautioned.
449	Raw Milk	18% added water	Fined £5.
461	Raw Milk	10% added water	Fined £2 10s. and 4s. Special Costs.
462	Raw Milk	10% added water	Fined £2 10s. and 4s. Special Costs.
476	Butter	Consisted wholly of Margarine	Fined £15 and 7s. Special Costs.
477	Butter	Consisted wholly of Margarine	Fined £15 and 7s. Special Costs.

No.	*Informal Sample.*	*Extent of Adulteration.*
156	Rum	42·2 degrees under proof
300	Tincture of Iodine	12% deficient in Iodine.
327	Zinc Ointment	Not more than 12.5% Zinc. Oxide (Min. 15%)
426	Rum	1.5% added water or 36 degrees under proof.
457	Butter	Consisted wholly of Margarine.
296	Raw Milk	Test Samples known to be defective.
297	Raw Milk	
320	Raw Milk	
321	Raw Milk	
323	Raw Milk	

TABLE 13.

UNSOUND MEAT DESTROYED DURING THE YEAR.

DISEASE.	*CARCASES.*				*ORGANS.*							
	Beef.	*Veal.*	*Mutton.*	*Pork.*	*Lungs.*	*Hearts.*	*Livers.*	*Kidneys.*	*Heads, Tongues.*	*Spleens.*	*Mesent-eries.*	*Stomachs.*
Tuberculosis	199	2	—	32	919	875	803	461	684	456	496	471
Actinomycosis	—	—	—	—	—	—	—	—	188	—	—	—
Pyaemia	—	—	—	—	—	—	13	—	—	—	—	—
Abscess	—	—	—	—	48	44	172	—	25	—	7	14
Emaciation...	47	1	5	—	38	35	35	78	39	39	39	39
Dropsy	163½	23	123¾	4½	218	218	126	241	317	184	217	239
Pneumonia	—	—	—	—	27	19	6	—	—	—	—	—
Septicaemia	13	1	1	1	12	12	12	22	12	11	11	11
Pericarditis	1	—	5	—	19	20	11	—	—	—	—	—
Pleurisy	—	—	—	—	2	2	1	—	—	—	—	—
Angioma	—	—	—	—	—	—	171	—	—	—	—	—
Foetal Flesh	—	49	102	—	—	—	—	—	—	—	—	—
Decomposition	1½	9	8½	23	59	65	102	12	17	2	3	1
Flukes	—	—	—	—	—	—	418	—	—	—	—	—
Cirrhosis	—	—	—	—	—	—	1395	—	—	—	—	—
Inflammation	—	8	6	4	79	62	71	20	19	16	17	22
Red Water	1	—	—	—	19	19	20	34	13	18	13	15
Cysts	—	—	—	—	6	3	12	21	—	—	—	—
Suffocation	—	—	6	—	—	—	—	—	—	—	—	—
Swine Fever	—	—	—	—	—	—	—	—	—	—	—	—
Jaundice	—	—	5	—	4	4	4	10	—	—	—	—
Cancer	1	—	1	—	1	1	1	2	1	1	1	1
Anthrax	1	—	—	—	1	1	1	2	1	—	—	—

TABLE 14

SHOWING THE AGE AND SEX OF DEATHS AND NEW CASES OF TUBERCULOSIS.

Age Periods.	*New cases.*				*Deaths.*			
	Pulmonary.		*Non-pulmonary.*		*Pulmonary.*		*Non-pulmonary.*	
	M.	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*
0 to 1 year	1	—	3	2	—	—	4	2
1 ,, 5 years	—	2	15	5	—	2	6	4
5 ,, 10 ,,	13	15	13	7	—	—	—	3
10 ,, 15 ,,	20	20	7	8	1	2	1	2
15 ,, 20 ,,	22	30	8	6	10	12	2	3
20 ,, 25 ,,	29	33	4	2	14	14	1	3
25 ,, 35 ,,	51	52	3	4	31	24	1	1
35 ,, 45 ,,	31	19	4	2	18	13	1	2
45 ,, 55 ,,	22	15	3	1	17	8	4	1
55 ,, 65 ,,	9	4	3	1	8	3	—	2
65 and upwards	1	—	1	1	1	1	—	1
Totals ...	199	190	64	39	100	79	20	24

TABLE 15.

SHOWING THE WORK OF THE TUBERCULOSIS DISPENSARIES DURING THE YEAR 1925.

Diagnosis.	*Pulmonary.*				*Non-Pulmonary.*				*Total.*			
	Adults.		*Children.*		*Adults.*		*Children.*		*Adults.*		*Children.*	
	M.	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*
A.—New Cases examined during the year (excluding contacts) :—												
(*a*) Definitely tuberculous	109	84	24	21	10	11	16	8	119	95	40	29
(*b*) Doubtfully tuberculous ...	—	—	—	—	—	—	—	—	—	3	3	4
(*c*) Non-tuberculous	—	—	—	—	—	—	—	—	9	20	20	9
B.—Contacts examined during the year :												
(*a*) Definitely tuberculous ...	3	6	18	14	—	—	3	2	3	6	21	16
(*b*) Doubtfully tuberculous ...	—	—	—	—	—	—	—	—	3	7	4	9
(*c*) Non-tuberculous	—	—	—	—	—	—	—	—	108	229	208	201
C.—Cases written off the Dispensary Register as—												
(*a*) Cured	—	1	—	—	—	—	—	—	—	1	—	—
(*b*) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error ...	—	—	—	—	—	—	—	—	17	36	34	28
D.—Number of Persons on Dispensary Register on December 31st :—												
(*a*) Diagnosis completed ...	379	229	73	86	63	69	85	52	442	298	158	138
(*b*) Diagnosis not completed ...	—	—	—	—	—	—	—	—	2	3	9	6

1. Number of persons on Dispensary Register on January 1st	1871
2. Number of patients transferred from other areas and of "lost sight of" cases returned	35
3. Number of patients transferred to other areas and cases "lost sight of"	93
4. Died during the year	223
5. Number of observation cases under A (*b*) and B (*b*) above in which period of observation exceeded 2 months	10
6. Number of attendances at the Dispensary (including Contacts) ...	8472
7. Number of attendances of non-pulmonary cases at Orthopaedic Out-stations for treatment or supervision.	—
8. Number of attendances, at General Hospitals or other Institutions approved for the purpose, of patients for	
(*a*) "Light" treatment	—
(*b*) Other special forms of treatment	—

9. Number of patients to whom Dental Treatment was given, at or in connection with the Dispensary ...	44
10. Number of consultations with medical practitioners :—	
(*a*) At Homes of Applicants ...	36
(*b*) Otherwise	31
11. Number of other visits by Tuberculosis Officers to Homes ...	186
12. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes	9172
13. Number of	
(*a*) Specimens of sputum, etc. examined	1335
(*b*) X-ray examinations made in connection with Dispensary work	180
14. Number of Insured Persons on Dispensary Register on the 31st December	442
15. Number of Insured Persons under Domiciliary Treatment on the 31st December	197
16. Number of reports received during the past year in respect of Insured Persons :—	
(*a*) Form G.P. 17	132
(*b*) Form G.P. 36	80

TABLE 16.

(A) Average Number of Beds available for Patients in Plymouth Institutions, during the Year 1925.

	Observation.	*Pulmonary Tuberculosis*		*Non-Pulmonary Tuberculosis.*		*Total.*
		" Sanatorium " Beds.	*" Hospital " Beds.*	*Disease of Bones and Joints*	*Other Conditions*	
Adult Males	—	—	39	—	—	39
Adult Females	—	—	—	—	—	—
Children under 15	—	—	—	—	—	—
Total	(*a*)	72 (*b*)	39 (*a*)	(*c*)	(*a*)	123

Notes—(*a*) 12 beds Royal Albert Hospital, Devonport, under contract, not allocated.
(*b*) 72 beds at Didworthy Sanatorium, not allocated.
(*c*) 39 beds Udal Torre Sanatorium.

(B) Return showing the Extent of Residential Treatment during the Year 1925.

			In Institutions on Jan. 1., 1925.	*Admitted during the year.*	*Discharged during the year.*	*Died in the Institutions*	*In Institutions on Dec. 31, 1925.*
Number of Patients ...	Adults	*M.*	54	152	130	18	58
		F.	27	68	62	5	28
	Children	*M.*	17	48	35	—	30
		F.	17	30	27	2	18
Number of Observation Cases	Adults	*M.*	—	1	1	—	—
		F.		2	2	—	—
	Children	*M.*	—	3	3	—	—
		F.	—	2	2	—	—
	Total		115	306	262	25	134

TABLE 17.

SHOWING THE IMMEDIATE RESULTS OF TREATMENT OF PATIENTS AND OF OBSERVATION OF DOUBTFUL CASES DISCHARGED FROM RESIDENTIAL INSTITUTIONS DURING THE YEAR 1925.

Classification on admission to the Institution.		*Condition at time of discharge.*	*Duration of Residential Treatment in the Institution.*												*Total.*
			Under 3 months.			*3—6 months*			*6—12 months*			*More than 12 months.*			
			M.	*F.*	*Ch.*	*M.*	*F.*	*Ch.*	*M.*	*F.*	*Ch.*	*M.*	*F.*	*Ch.*	
Pulmonary Tuberculosis.	*Class T.B. minus.*	Quiescent	3	1	—	14	3	3	4	4	11	1	—	—	44
		Improved	2	2	3	11	9	6	—	3	16	—	1	—	53
		No material improvement ...	7	2	1	1	1	1	—	—	—	—	—	—	13
		Died in Institution	1	—	—	—	—	—	—	—	—	—	—	—	1
	Class T.B. plus. Group 1.	Quiescent	—	—	—	2	—	—	1	—	—	—	—	—	3
		Improved	—	—	—	2	—	—	2	—	—	—	—	—	4
		No material improvement ...	—	—	—	—	—	—	—	—	—	—	—	—	—
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—
	Class T.B. plus. Group 2.	Quiescent	—	—	—	1	—	—	2	1	—	—	—	—	4
		Improved	12	1	—	12	2	—	10	1	—	1	—	—	39
		No material improvement ...	6	—	—	—	1	—	—	1	—	—	—	—	8
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—
	Class T.B. plus. Group 3.	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—
		Improved	8	—	1	9	5	—	5	4	—	—	—	—	32
		No material improvement ...	11	—	2	5	3	—	1	—	—	1	—	—	23
		Died in Institution	8	—	—	5	3	—	2	1	1	1	1	—	22
Non-Pulmonary Tuberculosis.	*Bones and Joints.*	Quiescent or Arrested... ...	3	1	6	1	1	1	2	3	2	1	—	3	24
		Improved	3	4	1	1	—	—	—	—	1	—	—	—	10
		No material improvement ...	2	2	3	—	—	—	—	—	—	—	—	—	7
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—
	Abdominal.	Quiescent or Arrested... ...	—	1	—	—	—	1	—	—	—	—	—	—	2
		Improved	—	1	1	—	1	—	—	—	—	—	—	—	3
		No material improvement ...	1	—	—	—	—	—	—	—	—	—	—	—	1
		Died in Institution	1	—	1	—	—	—	—	—	—	—	—	—	2
	Other Organs.	Quiescent or Arrested... ...	—	—	—	—	—	—	—	—	—	—	—	—	—
		Improved	—	—	—	—	—	—	—	—	—	—	—	—	—
		No material improvement ...	2	1	—	—	—	—	—	—	—	—	—	—	3
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—
	Peripheral Glands.	Quiescent or Arrested... ...	—	—	—	—	—	—	—	—	—	—	—	—	—
		Improved	—	1	2	—	—	—	—	—	—	—	—	—	3
		No material improvement ...	—	—	—	—	—	—	—	—	—	—	—	—	—
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—
			Under 1 wk.			*1—2 weeks.*			*2—4 weeks.*			*More than 4 weeks.*			
Observation for purpose of diagnosis.		Tuberculous	—	—	—	—	—	—	—	—	—	—	—	1	1
		Non-tuberculous	1	—	—	—	—	1	—	—	2	—	—	3	7
		Doubtful	—	—	—	—	—	—	—	—	—	—	—	—	—

Note.—This statement includes the discharge of 22 patients from other areas who received Treatment at Didworthy Sanatorium, South Brent.

Table 18.

PLYMOUTH ISOLATION HOSPITALS AND SANATORIA.

DETAILED ANALYSIS OF EXPENDITURE FOR THE YEAR ENDING 31st DECEMBER, 1925.

	Isolation Hospitals.								*Sanatoria.*							
	Mt. Gold.				*Swilly.*				*Udal Torre.*				*Didworthy.*			
	Total.	*Average cost per bed occupied.*			*Total.*	*Average cost per bed occupied.*			*Total.*	*Average cost per bed occupied.*			*Total.*	*Average cost per bed occupied.*		
	£	£	s.	d.	£	£	s.	d.	£	£	s.	d.	£	£	s.	d.
Salaries and Wages	2429	35	4	0¾	1283	49	6	11	1550	43	1	1⅓	2422	44	0	8¾
Provisions	2081	30	3	2¼	633	24	6	11	1796	49	17	9⅓	2533	46	1	1
Fuel, Light, Water, etc.	1406	20	7	6½	358	13	15	4½	288	8	0	0	730	13	5	5½
Furniture, Bedding, Ironmongery, Crockery, etc.	487	7	1	2	176	6	15	4¾	418	11	12	2⅔	280	5	1	9¾
Structural Renewals & Repairs ...	722	10	9	3¼	494	19	0	0	426	11	16	8	1387	25	4	4½
Drugs, Medical Sundries, Disinfectants, etc.	345	5	0	0	149	5	14	7½	129	3	11	8	125	2	5	5½
Rates, Taxes, Rent, Insurance and Miscellaneous	422	6	2	3¾	219	8	8	5½	734	20	7	9⅓	617	11	4	4¼
Totals ...	7892				3312				5341				8094			
Total Annual cost per bed occupied		£114	7	6½		£127	7	8¼		£148	7	2⅔		£147	3	3¼
Average daily number of patients			69				26				36				55	

The following amounts have been deducted from the Isolation Hospitals expenditure for cost of Disinfection Stations—Mount Gold £360. Swilly, £160.

Salaries for Didworthy include Pensions paid for loss of office and Secretary's salary.

No allowance has been made for Income received by the above Institutions.

TABLE 19.

SUPERVISION OF MIDWIVES.

Supervision of Midwives—

Number of Midwives on Register	97
,, ,, in Private Practice	42
,, ,, attached to Nursing Homes ...	55
Number of visits of inspection made	116
Number of Medical Help by Midwives	596

Breaches of rules of the Central Midwives Board.

1	Lack of cleanliness in bags and appliances	8
2.	Appliances broken or unfit for use	1
3.	Lack of cleanliness in home	1
4.	Failure to keep Temperature records correctly ...	1
5.	Failure to notify cases of discharging eyes	15
6.	Failure to notify that Medical assistance was obtained	1
7.	Failure to notify that artificial feeding was advised	1

TABLE 20

MATERNITY AND CHILD WELFARE WORK DONE DURING THE YEAR 1925.

Nature of Work.	*Stonehouse.*		*Embankment Road.*		*St. Saviour's.*		*St. Aubyn Street.*		*Exmouth Hall.*		*Totals.*	
Number of Sessions held	99		50		51		51		51		302	
Number of Ante-natal Sessions held	50		—		—		—		—		50	
Number of Mothers seen by Doctor—Ante-Natal ...	1250		—		—		—		—		1250	
Post-natal ...	525		198		197		231		258		1409	
Number of Babies entered on Register during year	1134		419		368		391		395		2707	
Number of Babies seen by Doctor	5500		1030		980		1224		489		9223	
Number of Babies weighed ...	10227		2518		1813		3040		2013		19611	
Children Normal—general advice given	909		176		190		194		285		1754	
Suffering from incorrect feeding	36		30		18		7		10		101	
Difficult Nutrition	42		3		10		12		5		72	
Suffering from Rickets	57		39		32		30		12		170	
Suffering from Wasting	8		1		2		2		3		16	
Suffering from other Diseases ...	72		177		72		133		68		522	
Referred to own private doctors	8		3		1		1		5		18	
Referred to Hospitals	44		34		13		24		11		126	
Health Talks given by Nurses ...	26		—		—		—		—		26	
Sewing parties held	57		—		—		—		—		57	
Mothers attending Sewing Class	625		—		—		—		—		625	
	First visits.	*Total visits.*	*First visits.*	*Total visits.*	*First visits.*	*Total visits.*	*First visits.*	*Total visits.*	*First visits.*	*Total visits.*	*First visits.*	*Total visits.*
Visits paid by Nurses to expectant Mothers	685	1443	30	60	20	29	52	59	94	122	881	1713
To Infants under one year ...	1042	10006	508	2685	371	1444	483	1798	833	3020	3237	18953
Children aged 1—5 years ...	75	5125	30	2909	15	2579	8	1066	31	4505	159	16184
Total Visits paid by Nurses ...	—	16574	—	5654	—	4052	—	2923	—	7647	—	36850

NOTE.—In addition to the above, the following services were provided during the year :—

Extra Nourishment (Robinson's Groats) distributed free	1451 lbs.
Total amount of Glaxo and Ambrosia sold	3091 lbs.
,, ,, distributed free	9850½ lbs.
,, Virol sold	518 lbs.
,, ,, distributed free	1758½ lbs.
,, Cow's milk distributed free	4845 gals. 3½ qts.
Dressings supplied	445
Medicines supplied	1520
Lotions, Tablets, Ointments, Powder, Vaseline, etc.	1868

TABLE 21.

UNSOUND FOOD DESTROYED.
(Other than Fresh Meat and Fish).

The number of shops and carts inspected was 4,409.

Quantity surrendered to Sanitary Inspectors, and destroyed :—

	cwts.	*qrs.*	*lbs.*
FRUIT—			
Apples	4	3	21
Cherries	0	2	4½
Grapes	1	0	10½
Pears	0	1	23
Plums	0	1	24
Tomatoes	0	3	15
VEGETABLES—			
Turnips	11	0	0
PROVISIONS—			
Bacon	5	0	1
Chocolates, sweets, jams, etc.	12	0	0
Dried Fruit	0	0	3
Fowls	0	1	1
Flour	1	1	0
Margarine	0	0	6
Pigs' Heads	1	1	8

TINNED GOODS, ETC.	
Apricots	10 tins
Beef	21 ,,
Bloater Paste	3 ,,
Coffee and Milk	40 ,,
Condensed Milk	2 ,,
Fruit Salad	13 ,,
Herrings	2 ,,
Jam	3 ,,
Mineral Water	16 bottles
Malt Vinegar	2 ,,
Pears	293 tins
Peaches	8 ,,
Plums	132 ,,
Pilchards	4 ,,
Raspberries	1 tin.
Silver Sild	74 tins.
Salmon	21 ,,
Sardines	18 ,,
Tongue	36 ,,

TABLE 22.

SANITARY INSPECTION OF THE DISTRICT.

Visits to Premises	26348
Tests applied to House Drains	3024
Notices served to abate Nuisances	2034
Notices complied with	2114
Legal Notices served	124
Sanitary Improvements effected	7373
Letters written	1417

HOUSES LET IN LODGINGS.

Number of visits	13856
Notices served	1377
Notices complied with	1470

Visits to premises in connection with Infectious Diseases	2165
Premises disinfected	2663
Articles disinfected	17276

FOOD INSPECTIONS.

Number of Provision Shops inspected	2902
Number of Fish Carts and Shops inspected	484
Number of Fruit Carts and Shops inspected	1023
Amount of Food (other than Fresh Meat) considered unfit and surrendered	2 tons 10 cwts. 3 qrs. 14 lbs.
Number of Samples procured under the Sale of Food and Drugs Acts	513
Number of Samples found adulterated	35
Inspection of Dairies, Cowsheds and Milkshops	1480

FACTORY AND WORKSHOP ACT.

Inspections of Bakehouses	156
,, Workshops	761
,, Factories	431
,, Outworkers' Premises	77
Notices and Letters sent re defects	153

Inspections of Slaughterhouses	3151

GENERAL SANITARY WORK EFFECTED.

Number of Drains re-laid or repaired	630
Choked drains cleared	334
Soil pipes and Ventilating Shafts fixed or repaired	339
Stoneware Gully Traps fixed	726
New Water-closet Pans fixed	496
Inspection Chambers constructed	194
Flush Cisterns fixed or repaired	344
New Closets and Urinals provided	121
Surface of Courtyards, etc., re-laid or repaired	624
Refuse Bins provided	690
Premises cleansed and limewashed or papered	692
Roofs and Flats repaired	399
Foul Closets cleansed	115
Overcrowding abated	21
Offensive Manure removed	155
New Ground Floors laid and Ventilated	102
Slate Tanks abolished	39
Eaves Gutters and Fall Pipes repaired	212
Wall Drains destroyed	17
Nuisances (caused by keeping of animals) abated	57
Other Sanitary Improvements	1036
Total	7373

TABLE 23.

RETURN RELATING TO PATIENTS WHO WERE TREATED AT THE VENEREAL DISEASE TREATMENT CENTRE FOR THE YEAR ENDING 31st DECEMBER, 1925.

		PLYMOUTH		*DEVON*		*CORNWALL*		*TOTAL*		
		Males	*Females*	*Males*	*Females*	*Males*	*Females*	*Males*	*Females*	*Totals.*
1. Number of Persons dealt with for the first time at the O.P. Clinic, who were suffering from … … …	SYPHILIS …	120	68	10	6	16	2	146	76	222
	SOFT CHANCRE …	4	—	—	—	—	—	4	—	4
	GONORRHOEA …	171	35	16	2	18	4	205	41	246
	N.V.D. … …	241	115	19	8	24	6	284	129	413
	Totals …	536	218	45	16	58	12	—	—	885
2. Total Attendances at the OUT-PATIENT Clinic :— (*a*) For individual attention by the M.O.'s for …	SYPHILIS …	2135	1492	151	136	135	100	2421	1728	4149
	SOFT CHANCRE …	16	—	—	—	—	—	16	—	16
	GONORRHOEA …	1597	309	98	10	71	7	1766	326	2092
	N.V.D. … …	732	324	76	26	40	7	848	357	1205
	Totals …	4480	2125	325	172	246	114	—	—	7462
(*b*) For intermediate treatment, e.g., Irrigations, etc	… … …	3939	463	237	2	168	—	—	–	4809
3. Aggregate Number of IN-PATIENT DAYS of treatment given to persons who were suffering from … … …	SYPHILIS …	204	190	8	7	210	137	422	334	756
	GONORRHOEA …	377	318	49	22	112	120	538	460	998
	N.V.D. … …	37	22	—	—	—	56	37	78	115
	Totals …	618	530	57	29	322	313	—	—	1869
4. Number of Persons treated with SALVARSAN SUBSTITUTES	… … …	138	86	16	12	23	12	177	110	287

5. Number of Doses of SALVARSAN SUBSTITUTES given :— NOVARSENOBILLON	·15 … …	55	5	15	75	835
	·30 … …	145	21	4	170	
	·45 … …	309	41	57	407	
	·60 … …	109	10	40	159	
	·75 … …	14	1	9	24	
STABILARSAN …	·15 … …	41	16	3	60	191
	·30 … …	69	14	9	92	
	·45 … …	26	4	8	38	
	·60 … …	1	—	—	1	
6. Examination of PATHOLOGICAL MATERIAL :— (*a*) At the Treatment Centre for the detection of	SPIROCHAETES …	32	—	6	38	
(*b*) By Pathologist at S.D. & E.C. Hospital for :—	WASSERMANN Reaction	741	78	81	900	
	Detection of Gonococci	513	48	35	596	
	Other Specimens	5	2	1	8	

TABLE 24. INFANT MORTALITY, 1925.

Causes of Death.	Under 1 week.	1—2 weeks.	2—3 weeks.	3—4 weeks.	Total under 1 month.	1—3 months.	3—6 months.	6—9 months.	9—12 months.	Total under 1 year.	Compton.	Mutley.	Pennycross.	Laira.	Charles.	Friary.	Sutton.	Vintry.	Drake.	St. Andrew's	St. Peter's	Valletort.	Mount Edgcumbe.	Molesworth.	St. Budeaux.	Ford.	Nelson.	Keyham.	St. Aubyn.	Stoke.	Total.
All Causes—Certified	88	9	10	10	117	39	26	30	31	243	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Uncertified	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Small-pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chicken-pox	—	—	—	1	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Measles	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	1	3	4	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	4
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculous Meningitis	—	—	—	—	—	1	1	1	3	6	—	1	—	—	—	—	1	2	1	—	1	—	—	—	—	—	—	—	—	—	6
Abdominal Tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Tuberculous diseases ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningitis	—	—	—	—	—	—	—	1	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Convulsions	3	—	—	—	3	3	—	—	—	6	—	—	—	—	—	—	2	1	—	—	1	1	1	—	—	—	—	—	—	—	6
Laryngitis	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Bronchitis	—	—	1	—	1	11	4	1	5	22	1	—	—	1	—	2	—	2	—	2	3	1	2	1	—	1	2	—	4	—	22
Pneumonia	1	—	1	1	3	5	7	13	12	40	3	—	—	—	2	2	5	5	—	1	3	2	3	—	1	3	5	—	5	—	40
Diarrhoea	—	—	1	—	1	1	—	1	—	3	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	3
Enteritis	—	—	—	—	—	6	7	8	3	24	1	—	1	2	2	1	2	—	2	—	1	4	2	1	—	—	—	—	4	1	24
Gastritis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syphilis	—	—	1	—	1	1	—	—	—	2	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	2
Rickets	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Suffocation, overlying	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Injury at birth	3	—	—	—	3	—	—	—	—	3	1	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	3
Congenital malformations	5	—	—	—	5	1	2	—	—	8	—	—	1	1	—	—	—	—	1	—	—	—	1	1	—	—	—	—	2	1	8
Premature birth	52	7	2	2	63	3	3	—	—	69	4	—	2	2	2	4	2	8	1	1	4	6	6	4	—	6	9	1	6	1	69
Atrophy, Debility and Marasmus ...	14	—	3	6	23	5	2	2	1	33	3	3	1	2	—	—	3	6	—	—	6	1	1	—	1	—	2	1	2	1	33
Other Causes	10	2	1	—	13	2	—	1	3	19	—	1	1	2	—	—	2	1	2	—	1	—	2	—	—	2	2	1	1	1	19
Totals	88	9	10	10	117	39	26	30	31	243	13	7	7	12	7	9	18	25	8	4	21	18	18	7	2	12	21	5	24	5	243

TABLE 25.

ELEMENTARY SCHOOLS.

RETURN OF MEDICAL INSPECTIONS FOR THE YEAR ENDED 31st DECEMBER, 1925.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections.		
Entrants	3787	
Intermediates	2681	
Leavers	2028	
		8496
Number of other Routine Inspections		230
		8726

B.—OTHER INSPECTIONS.

Number of Special Inspections	9454
Number of Re-inspections	9565
Total	19019

TABLE 26A.

ELEMENTARY SCHOOLS.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1925.

	Defect or Disease. (1)	Routine Inspections		Special Inspections	
		No. of Defects.		No. of Defects.	
		Requiring Treatment. (2)	Requiring to be kept under observation but *not* requiring Treatment. (3)	Requiring Treatment. (4)	Requiring to be kept under observation but *not* requiring Treatment. (5)
	Malnutrition	22	16	44	—
	Uncleanliness (See Table IV., Group V.	—	—	—	—
Skin	Ringworm—Scalp	4	—	65	—
	Ringworm—Body	3	—	197	—
	Scabies	9	—	50	—
	Impetigo	54	—	336	3
	Other Diseases (non-tuberculous)	120	17	957	—
Eye	Blepharitis	33	2	51	—
	Conjunctivitis	18	—	124	—
	Keratitis	6	—	14	—
	Corneal Opacities	5	3	8	—
	Defective Vision (excluding Squint)	518	233	247	5
	Squint	88	83	34	2
	Other conditions	17	12	75	2
Ear	Defective Hearing	29	7	16	—
	Otitis Media	33	1	112	—
	Other Ear Diseases	27	8	10	—
Nose and Throat	Enlarged Tonsils only	270	751	57	—
	Adenoids only	14	7	37	—
	Enlarged Tonsils and Adenoids	50	36	37	—
	Other Conditions	106	9	119	1
	Enlarged Cervical Glands (Non-tuberculous)	20	169	12	—
	Defective Speech	76	13	104	—
	Teeth—Dental Diseases (See Table IV., Group IV.)	1751	—	27	—
Heart and Circulation.	Heart Disease: Organic	25	36	17	—
	Heart Disease: Functional	24	85	9	—
	Anaemia	138	14	140	—
Lungs	Bronchitis	272	11	544	—
	Other Non-Tuberculous diseases	65	103	139	—
Tuberculosis.	Pulmonary: Definite	—	—	40	—
	Pulmonary: Suspected	4	9	65	—
	Non-Pulmonary: Glands	5	4	11	—
	Non-Pulmonary: Spine	—	—	2	—
	Non-Pulmonary: Hip	1	1	13	—
	Non-Pulmonary: Other Bones and Joints	—	1	18	—
	Non-Pulmonary: Skin	1	—	2	—
	Other Forms	—	2	16	—
Nervous System.	Epilepsy	5	5	14	—
	Chorea	3	1	23	—
	Other Conditions	34	18	43	—
Deformities	Rickets	10	20	45	—
	Spinal Curvature	8	1	21	—
	Other Forms	36	19	42	—
	Other Defects and Diseases	216	30	4110	1

TABLE 26B.

ELEMENTARY SCHOOLS.

NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group. (1)	*No. of Children.* *Inspected.* (2)	*Found to require treatment.* (3)	*Percentage Children found to require treatment* (4)
Code Groups.			
Entrants	3787	974	25·7
Intermediates	2681	810	30·2
Leavers	2028	522	25·8
Total Code (Groups) ...	8496	2306	27·0
Other Routine Inspections	230	57	24·8

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

			Boys	*Girls.*	*Total.*
BLIND (including partially Blind).	(*i*) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind	3	9	12
		Attending Public Elementary Schools ...	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind	—	—	—
		Attending Public Elementary Schools ...	2	1	3
		At other Institutions	—	1	1*
		At no School or Institution	—	2	2
DEAF (including deaf and dumb and partially deaf).	(*i*) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf	17	18	35
		Attending Public Elementary Schools ...	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	1	1
	(*ii*) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf	—	—	—
		Attending Public Elementary Schools ...	2	1	3§
		At other Institutions	—	—	—
		At no School or Institution			
MENTALLY DEFECTIVE.	Feebleminded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children—Residential ...	11	3	14
		Day	196	117	313
			207	120	327
		Attending Public Elementary Schools ...	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Notified to the Local Control Authority during the year.	Feebleminded	17	7	24
		Imbeciles	4	4	8
		Idiots	2	—	2
EPILEPTICS.	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics	2	3	5
		In Institutions other than Certified Special Schools	—	—	—
		Attending Public Elementary Schools ...	—	—	—
		At no School or Institution	1	—	1
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools ...	9	12	21
		At no School or Institution	—	—	—
PHYSICALLY DEFECTIVE.	¶Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	6	4	10‡
		At other Institutions	—	1	1
		At no School or Institution	—	2	2
	¶Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	5	10	15
		At Certified Residential Open-Air Schools	—	—	—
		At Certified Day Open-Air Schools ...	7	9	16+
		At Public Elementary Schools	4	2	6
		At other Institutions	—	—	—
		At no School or Institution	4	6	10
	Delicate children (*e.g.*, pre- or latent tuberculosis, malnutrition, debility, anaemia, etc.).	At Certified Residential Open-Air Schools	—	—	—
		At Certified Day Open-Air Schools ...	132	136	268
		At Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	12	4	16
		At Public Elementary Schools	—	—	—
		At other Institutions	2	—	2
		At no School or Institution	2	3	5
	Crippled Children (other than those with active tuberculous disease), *e.g.* children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools ...	1	2	3
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools ...	—	—	—
		At Public Elementary Schools	88	87	175⁂
		At other Institutions	24	13	37—
		At no Schools or Institution	—	—	—

Notes.—* Private School.

§ Making good progress at ordinary Elementary School, and at present not certified.

‡ Rigid classification on these lines is impossible.

¶ It is difficult to decide whether many of these cases should be included in this sub-section or the next, as instances of the bacilli demonstrable in the sputa are not common among children.

+ The activity of many of these "hilus" and gland cases is doubtful.

⁂ These children are not certified "Physical Defectives," and they are capable of receiving proper benefit from education in Elementary Schools, and where necessary are receiving proper benefit from education in Elementary Schools, and where necessary are receiving treatment at the Orthopaedic Clinics.

— At Day Open Air Schools.

TABLE 28.

ELEMENTARY SCHOOLS.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1925.

Group I.—MINOR AILMENTS (Excluding Uncleanliness, for which see Group V.)

Disease or Defect. (1)	*Number of Defects treated, or under treatment during the year.* *Under the Authority's Scheme.* (2)	*Otherwise.* (3)	*Total.* (4)
Skin—			
Ringworm—Scalp	54	9	63
Ringworm—Body	196	1	197
Scabies	45	3	48
Impetigo	329	1	330
Other Skin Diseases	933	20	953
Minor Eye Defects— (External and other, but excluding cases falling in Group II.)	335	151	486
Minor Ear Defects	105	21	126
Miscellaneous— (*e.g.* minor injuries, bruises, sores, chilblains, etc.) ...	3449	647	4096
TOTAL ...	5446	853	6299

N.B.—31 Cases of Ringworm of the Scalp were treated by X-ray during the year.

The total number of new cases attending the School Clinics was 7722.

TABLE 28—continued.

Group II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I).

Defect or Disease. (1)	*Number of Defects dealt with.*			
	Under the Authority's Scheme. (2)	*Submitted to refraction by private Practitioners or at Hospital apart from the Authority's Scheme.* (3)	*Otherwise.* (4)	*Total.* (5)
Errors of Refraction (including Squint) ...	741	164	—	905
Other Defect or Disease of the eyes (excluding those recorded in Group I.)	226	—	58	284
Total ...	967	164	58	1189

Total Number of Children for whom Spectacles were prescribed :—

(*a*)	Under the Authority's Scheme	707
(*b*)	Otherwise	151

Total number of Children who obtained or received Spectacles :—

(*a*)	Under the Authority's Scheme	704
(*b*)	Otherwise	152

TABLE 28.—continued.

Group III.—TREATMENT OF DEFECTS OF NOSE & THROAT

NUMBER OF DEFECTS.

Received Operative Treatment.			*Received other forms of Treatment.* (4)	*Total number treated.* (5)
Under the Authority's Scheme in Clinic or Hospital. (1)	*By Private Practitioner or Hospital apart from the Authority's Scheme.* (2)	*Total.* (3)		
*61	31	92	519	611

*The Homœopathic Hospital—at which most of the operations are performed under the Authority's Scheme—was closed for two months of the year.

TABLE 28.—contd.

Group IV.—DENTAL DEFECTS.

(1) Number of Children who were :—

(*a*) Inspected by the Dentist :

Aged :

	Age	Number		Total
Routine Age Groups	5	525	Total ...	4139
	6	1016		
	7	846		
	8	940		
	9	436		
	10	188		
	11	60		
	12	44		
	13	66		
	14	18		
Specials ...				2993
			Grand Total...	7132

(*b*) Found to require treatment 6470

(*c*) Actually treated 4972

(*d*) Re-treated during the year as the result of periodical examination 348

(2) Half-days devoted to—

Inspection 80

Treatment ... ... 639 — 719

(3) Attendances made by Children for treatment 5954

(4) Fillings—

Permanent Teeth 828

Temporary Teeth ... ... 1094 — 1922

(5) Extractions—

Permanent Teeth 1737

Temporary Teeth ... ... 12446 — 14183

(6) Administrations of general Anaesthetics for extractions 2010

(7) Other Operations—

Permanent Teeth 540

Temporary Teeth ... ... 311 — 851

TABLE 28.—contd.

Group V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.) Average number of visits per school made during the year by the School Nurses—Boys' departments, 2; Girls', 4·3; Infants', 3·2.

(ii.) Total number of examinations of children in the Schools by School Nurses—65,302.

(iii.) Number of individual children found unclean—6,861.

(iv.) Number of children cleansed under arrangements made by the Local Education Authority—1,489.

(v.) Number of cases in which legal proceedings were taken :—

(*a*)	Under the Education Act, 1921 ...	Nil.
(*b*)	Under School Attendance Bye-laws ...	Nil.

TABLE 29.

SECONDARY SCHOOLS.

RETURN OF MEDICAL INSPECTIONS FOR THE YEAR ENDED 31st DECEMBER, 1925.

A.—ROUTINE MEDICAL INSPECTIONS.

	Age.										
	8	9	10	11	12	13	14	15	16	17 & over	Total.
Boys ...	—	—	9	61	61	5	20	62	10	1	229
Girls ...	—	1	14	106	146	20	32	66	14	30	429
Total ...	—	1	23	167	207	25	52	128	24	31	658

B.—OTHER INSPECTIONS.

	Special Cases.	*Re-examination (i.e., No. of Children Re-examined.)*
Boys ...	—	16
Girls ...	—	31
Totals ...	—	47

TABLE 30A.

SECONDARY SCHOOLS.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1925.

Defect or Disease.		Routine Inspections No. of Defects.		Special Inspections No. of Defects.	
	(1)	Requiring Treatment. (2)	Requiring to be kept under observation but *not* requiring Treatment. (3)	Requiring Treatment. (4)	Requiring to be kept under observation but *not* requiring Treatment. (5)
	Malnutrition	—	2	—	—
Skin	Ringworm :				
	Scalp	—	—	—	—
	Body	—	—	—	—
	Scabies	1	—	—	—
	Impetigo	—	—	—	—
	Other Diseases (non-tuberculous)	2	—	—	—
Eye	Blepharitis	1	—	—	—
	Conjunctivitis	—	—	—	—
	Keratitis	—	—	—	—
	Corneal Opacities	—	—	—	—
	Defective Vision (excluding Squint)	75	61	—	—
	Squint	2	2	—	—
	Other Conditions	1	1	—	—
Ear	Defective Hearing	3	8	—	—
	Otitis Media	2	—	—	—
	Other Ear Diseases	2	1	—	—
Nose and Throat.	Enlarged Tonsils only	12	54	—	—
	Adenoids only	—	—	—	—
	Enlarged Tonsils and Adenoids	2	7	—	—
	Other Conditions	9	2	—	—
Enlarged Cervical Glands (non-tuberculous)		—	15	—	—
Defective Speech		9	1	—	—
Teeth—Dental Diseases		148	—	—	—
Heart and Circulation.	Heart Disease :				
	Organic	2	7	—	—
	Functional	1	18	—	—
	Anaemia	5	3	—	—
Lungs	Bronchitis	10	—	—	—
	Other Non-Tuberculous Diseases	1	8	—	—
Tuberculosis	Pulmonary :				
	Definite	—	—	—	—
	Suspected	—	—	—	—
	Non-pulmonary :				
	Glands	—	—	—	—
	Spine	—	—	—	—
	Hip	—	—	—	—
	Other Bones and Joints	—	—	—	—
	Skin	—	—	—	—
	Other Forms	—	—	—	—
Nervous System	Epilepsy	—	—	—	—
	Chorea	—	—	—	—
	Other Conditions	15	—	—	—
Deformities	Rickets	—	9	—	—
	Spinal Curvature	3	—	—	—
	Other Forms	21	9	—	—
Other Defects and Diseases		21	3	—	—

TABLE 30B.

SECONDARY SCHOOLS.

NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group. (1)	*Number of Children.*		*Percentage of Children found to require treatment.* (4)
	Inspected. (2)	*Found to require treatment.* (3)	
Total ...	658	204	31·0

TABLE 31.

SECONDARY SCHOOLS.

DEFECTIVE VISION AND SQUINT.

	Number of Defects dealt with.			
Defect or Disease. (1)	*Under the Authority's Scheme.* (2)	*Submitted to refraction by private Practitioners or at Hospital apart from the Authority's Scheme.* (3)	*Otherwise.* (4)	*Total.* (5)
Errors of Refraction (including Squint) ...	27	40	—	67
Other Defect or Disease of the Eyes ...	... —	—	4	4
Total ...	27	40	4	71

Total number of Children for whom Spectacles were prescribed :—

(*a*)	Under the Authority's Scheme	25
(*b*)	Otherwise	37

Total number of Children who obtained or received Spectacles :—

(*a*)	Under the Authority's Scheme	20
(*b*)	Otherwise	42

TABLE 32.

SECONDARY SCHOOLS.

TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.

Received Operative Treatment.			*Received other forms of Treatment.* (4)	*Total number treated.* (5)
Under the Authority's Scheme in Clinic or Hospital. (1)	*By Private Practitioner or Hospital apart from the Authority's Scheme.* (2)	*Total.* (3)		
4	2	6	6	12

TABLE 33.

OTHER HIGHER SCHOOLS.

RETURN OF MEDICAL INSPECTIONS FOR THE YEAR ENDED 31st DECEMBER, 1925.

A.—ROUTINE MEDICAL INSPECTIONS.

	Age.							
	11	12	13	14	15	16	17	Total.
Boys	—	4	55	38	30	5	–	132
Girls	—	—	76	122	48	6	—	252
Total ...	—	4	131	160	78	11	—	384

B.—OTHER INSPECTIONS.

	Special Cases.	*Re-examination (i.e., No. of Children Re-examined.)*
Boys ...	1	67
Girls ...	—	—
Totals ...	1	67

TABLE 34A.

OTHER HIGHER SCHOOLS.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1925.

Defect or Disease.		Routine Inspections		Special Inspections	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation but *not* requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation but *not* requiring Treatment.
(1)		(2)	(3)	(4)	(5)
	Malnutrition	5	2	—	—
Skin	Ringworm :				
	Scalp	—	—	—	—
	Body	—	—	—	—
	Scabies	—	—	—	—
	Impetigo	—	—	—	—
	Other Diseases (non-tuberculous)	7	1	1	—
Eye	Blepharitis	—	—	—	—
	Conjunctivitis	2	—	—	—
	Keratitis	—	—	—	—
	Corneal Opacities	—	—	—	—
	Defective Vision (excluding Squint)	48	22	1	—
	Squint	1	5	—	—
	Other Conditions	5	2	—	—
Ear	Defective Hearing	4	4	—	—
	Otitis Media	2	—	—	—
	Other Ear Diseases	—	—	—	—
Nose and Throat.	Enlarged Tonsils only	5	33	—	—
	Adenoids only	—	—	—	—
	Enlarged Tonsils and Adenoids	—	—	—	—
	Other Conditions	4	3	—	—
Enlarged Cervical Glands (non-tuberculous)		—	6	—	—
Defective Speech		5	—	—	—
Teeth—Dental Diseases		98	—	—	—
Heart and Circulation.	Heart Disease :				
	Organic	2	7	—	—
	Functional	3	17	—	—
	Anaemia	3	2	—	—
Lungs	Bronchitis	5	1	—	—
	Other Non-Tuberculous Diseases	—	2	—	—
Tuberculosis	Pulmonary :				
	Definite	—	—	—	—
	Suspected	—	—	—	—
	Non-pulmonary :				
	Glands	1	—	—	—
	Spine	—	1	—	—
	Hip	—	1	—	—
	Other Bones and Joints	—	—	—	—
	Skin	—	—	—	—
	Other Forms	—	—	—	—
Nervous System	Epilepsy	—	—	—	—
	Chorea	—	—	—	—
	Other Conditions	5	1	—	—
Deformities	Rickets	—	—	—	—
	Spinal Curvature	—	—	—	—
	Other Forms	12	6	—	—
Other Defects and Diseases		16	14	—	—

TABLE 34B.

OTHER HIGHER SCHOOLS.

NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group. (1)	*Number of Children.*		*Percentage of Children found to require treatment.* (4)
	Inspected. (2)	*Found to require treatment.* (3)	
Total ...	384	135	35·2

TABLE 35.

OTHER HIGHER SCHOOLS.

DEFECTIVE VISION AND SQUINT.

Defect or Disease. (1)	*Number of Defects dealt with.* *Under the Authority's Scheme.* (2)	*Submitted to refraction by private Practitioners or at Hospital apart from the Authority's Scheme.* (3)	*Otherwise.* (4)	*Total.* (5)
Errors of Refraction (including Squint) ...	13	25	—	38
Other Defect or Disease of the Eyes ...	—	—	2	2
Total ...	13	25	2	40

Total number of Children for whom Spectacles were prescribed :—

(*a*) Under Authority's Scheme	12
(*b*) Otherwise	25

Total number of Children who obtained or received spectacles :—

(*a*) Under the Authority's Scheme	8
(*b*) Otherwise	29

TABLE 36.

OTHER HIGHER SCHOOLS.

TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.

Received Operative Treatment.			*Received other forms of Treatment.* (4)	*Total number treated.* (5)
Under the Authority's Scheme in Clinic or Hospital. (1)	*By Private Practitioner or Hospital apart from the Authority's Scheme.* (2)	*Total.* (3)		
8	1	9	8	17

TABLE 37.

RECORDS OF VESSELS INSPECTED, TONNAGES, CREWS, PASSENGERS, SICKNESSES, ETC. FOR THE SIX YEARS ENDING 1925.

	1920.	*1921.*	*1922.*	*1923.*	*1924.*	*1925.*
No. of vessels inspected ...	1879	1950	2056	2195	2403	2657
Nationality—British... ...	1302	1475	1543	1571	1769	1900
Foreign ...	577	475	513	624	634	757
No. of crew on board ...	86814	100830	132266	142960	166106	186184
Registered Tonnage	2172097	2729713	3642135	4197209	4228321	4884659
Passengers—On Board ...	130543	131077	117293	105805	126532	158408
Landing ...	19777	15892	22596	22657	29398	38406
Sickness—During Voyage ...	898	507	312	501	732	625
Infectious ...	797	350	235	298	526	463
Deaths	83	60	65	52	48	59
Landed for treatment on board the Hospital Ship	5	6	2	1	3	—
Insanitary—No. of Defects ...	663	686	610	542	737	912
No. of Vessels ...	133	154	147	160	174	179

TABLE 38

AMOUNT OF SHIPPING ENTERING PLYMOUTH PORT SANITARY DISTRICT DURING THE YEAR 1925.

	Number.	Tonnage.	Number Inspected.		Number reported to be defective.	Number of Orders Issued.
			By the Port Medical Officer.	By the Sanitary Inspector.		
FOREIGN—						
Steamers ...	811	4250907	472	339	58	Informal Notices only.
Motor ...	59	195270	49	10	2	
Sailing ...	323	19696	3	320	29	
Fishing ...	100	6505	—	100	2	
Total Foreign	1293	4472378	524	769	91	
COASTWISE—						
Steamers ...	865	389730	20	845	52	
Motor ...	123	11816	8	115	12	
Sailing ...	356	16724	19	337	24	
Fishing ...	20	1011	—	20	—	
Total Coastwise	1364	412281	47	1317	88	
Total Foreign and Coastwise	2657	4884659	571	2086	179	

TABLE 39

RATS DESTROYED DURING 1925.

	Jan.	*Feb.*	*Mar.*	*April*	*May*	*June*	*July*	*Aug.*	*Sept.*	*Oct.*	*Nov.*	*Dec.*	*Total*
Number of—Black Rats ...	2	2	9	8	19	18	15	—	—	18	—	—	73
Brown rats ...	1051	1701	1747	1662	1527	831	1137	456	1008	617	967	614	13318
No. of Rats examined— Bacteriologically ...	2	2	9	8	22	14	5	5	16	13	11	8	115
Microscopically	2	2	9	8	22	14	5	5	16	13	11	8	115
Macroscopically ...	7	13	63	180	227	135	35	44	145	127	202	104	1282
Rats infected with Plague ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Rats not infected with Plague	7	13	63	180	227	135	35	44	145	127	202	104	1282

Forms C and D—No Ships coming under these Categories were dealt with during the year.

TABLE 40

DETAILED LIST OF SANITARY DEFECTS FOR THE YEAR.

During the Year, 179 Vessels were found to be in an insanitary condition, the following defects being notified to the Masters, Owners or Agents :—

No. of Defects	*Nature of Defects.*
2	Bath rooms to be cleansed and painted.
8	Bedding (sets of) to be destroyed.
3	Bedding (sets of) to be dried and aired.
17	Bedding (sets of) to be fumigated.
18	Bedding (sets of) to be thoroughly cleansed.
11	Bilges to be pumped out and cleansed.
1	Boy, crew sent to Borough Hospital for delousing.
5	Bogey stoves to be repaired or replaced by new.
5	Bunks to be built for use of crew.
50	Bunks to be cleansed and painted.
1	Canvas screen to be fitted across hatchway in lieu of buklhead.
5	Cabins to be thoroughly cleansed.
1	Cabin to be fumigated.
14	Crews' quarters to be fumigated.
26	Crews' quarters to be dried and ventilated.
82	Crews' quarters to be cleansed, painted or limewashed.
24	Cowls to be fitted to ventilators.
12	Cookhouses to be cleansed and limewashed.
2	Chainlockers to be cleansed and limewashed.
4	Clothes and effects of patients fumigated.
6	Cooking utensils (sets of) to be cleansed on the inside.
3	Deck lights to be repaired and made tight.
1	Deck over crews' quarters to be washed down with Chloride of Lime.
12	Deck over crews' quarters to be caulked and made tight.
1	Deck to be thoroughly cleansed and dried.
2	Food scattered over bunks to be stowed in food lockers.
170	Food lockers to be cleansed, painted or limewashed.
2	Flushing cisterns to be repaired.
9	Funnelling to be repaired or replaced by new.
2	Gulleys to be cut from W.C. Deck to Scupper Hole.
6	Holds to be washed down and cleansed after discharging.
1	Ladder leading to crews quarters to be repaired.
16	Louvres to be repaired and made workable.
4	Lamp in crews quarters to be repaired and made workable.
1	Mess table to be fitted for the use of the crew.
15	Mattresses to be detroyed and replaced by new.
1	Oil barrels to be removed from crews' quarters.
4	Poultry pens to be cleansed and limewashed.
2	Pigs' Pens to be cleansed and limewashed.
12	Refuse and rubbish to be removed from crews' quarters.
62	Rubber washers to be fitted to side lights.
1	Stove in crews' quarters to be repaired.
1	Saloon to be fumigated.
26	Store rooms to be cleansed, painted or limewashed.
16	Sails and spare gear to be removed from crews' quarters and stowed in bins fitted for the purpose.
43	Side lights to be repaired and made tight.
6	Seats to W.C.'s to be repaired.
2	Steam pipe leading into crews' quarters to be repaired.
32	Ventilators to be freed from packing and coverings.
4	Ventilators to be repaired or replaced by new.
5	Water tank to be cleansed on the inside with steam.
3	Water tank, lid of, to be repaired or replaced by new.
27	Water barrels to be cleansed on the inside.
97	W.C.'s to be thoroughly cleansed, painted, or limewashed.
2	W.C.'s to be repaired.
1	W.C. pan to be fitted to replace bucket.
23	Plague and Cholera Orders issued and carried into effect.
912	

TABLE II. SHOWING NATURE AND QUANTITY OF FOODS INSPECTED DURING THE YEAR.

DIVISION 1.—Fresh Meat.

	Tons	*cwts.*	*qrs.*	*lbs.*
Beef (chilled & frozen)		3	2	23
Pigs ...	6	13	0	12

DIVISION 2.—Preserved Meat, etc.

Bacon	9	5	0	0
Bellies	5	10	0	0
Beef, salted		1	2	0
Dripping		3	2	0
Fats of sorts	13	7	2	25
Fats of sorts (Premier Jus)	13	16	0	0
Herrings in brine		5	0	0
Hams, dry salted	24	0	0	0
Pilchards		4	0	0
Pork, dry salted	2	10	0	0
Salted Codfish	6	1	2	0
Suet		4	1	0

DIVISION 3.—Canned and Bottled Goods.

Asparagus	2 C/s
Bovril	19 C/s
Calvesfoot Jelly	1 C/s
Cherries	12 C/s
Corned Beef	118 C/s
Crab	3 C/s
Fruits	512 C/s
Fruit Pulp	581 C/s
Ginger	7 C/s
Honey	3 C/s
Jams	7 C/s
Kidneys	1 C/s
Lemco	5 C/s
Liquorice Juice	1 C/s
Lobsters	3 C/s
Milk	30 C/s
Oxo	15 C/s
Prawns	1 C/s
Salad Dressing	2 C/s
Sardines	37 C/s
Salmon	123 C/s
Sauce	1 Cask
Sausages	1 C/s
Soups	3 C/s
Tomatoes	31 C/s
Tomato-purie	4 C/s
Tongues, Ox	160 C/s

DIVISION 4.—Fresh Fruit.

	Tons	*cwts*	*qrs.*	*lbs.*	
Apples	10	4	2	2	
Bananas					1 Crate.
Cabbages		12	0	0	
Carrots	24	12	0	0	
Cauliflowers					230 Crates
Cucumbers	1	0	3	0	
Grapes	1	16	2	8	
Grape Fruit					9 C/s
Lemons					114 C/s
Lettuce					16 Crates
Melons	3	11	0	0	
Onions	39	0	0	0	
Oranges					306 C/s
Parsnips	1	14	0	0	
Pears					14 C/s
Peas	4	3	0	14	
Plums					6 C/s
Pomegranates					13 C/s
Potatoes	225	0	2	0	
Strawberries	6	16	0	22	
Tomatoes	6	1	0	0	
Vegetables in brine					15 Casks

Dried, etc.

Apple Rings	16 C/s
Almonds	19 C/s
Currants	114 C/s
Dry Plums	44 C/s
Dried Fruit	13 C/s
Dates	50 C/s
Figs	28 C/s
Lemon Peel	4 C/s
Nuts of sorts	32 Bags
Raisins	51 C/s
Sultanas	75 C/s

DIVISION 5.

Barley	11	0	0	0
Maize	114	2	0	0
Oats	30	10	0	0
Wheat	14	0	0	0

MISCELLANEOUS.

Biscuits	54 C/s 1 Skip			
Beans	4 Bags			
Butter	10 C/s			
Carraway Seeds	1 C/s			
Chicory	3 Bags			
Cheeses	148 crates			
Coffee Extract	224 C/s			
Coffee	16 Bags			
Confectionery	98 C/s			
Cocoanut	3 C/s			
Farina	1 C/s			
Groats	1 C/s			
Lard	157 C/s			
Margarine	185 C/s			
Pepper	2 kgs.			
Rice	49 C/s			
Tea	57 C/s			
Cornflour	3 C/s			
Golden Syrup	24 C/s			
Glucose	5 Brls.			
Lentils	6 Bags			
Nutmegs	2 C/s			
Pearl Barley	3 Bags			
Salt	30 C/s			
Tapioca	12 Bags			
Eggs, yolk of	11 C/s			
Green Peas	9 C/s			
Lard Compound	35 C/s			
Macaroni	9 C/s			
Olive Oil	1 C/s			
Porridge Oats	24 C/s			
Sugar	44	7	0	0
Flour	9	12	0	0

TABLE 42

SHOWING TOTAL CONDEMNATIONS FOR THE YEAR.

DIVISION 2.

		Tons	*cwts.*	*qrs.*	*lbs.*
Codfish		0	11	0	0
Fats of sorts		13	4	0	25

DIVISION 3.

		Tons	*cwts.*	*qrs.*	*lbs.*
Apricots	11 cans				27½
Coffee Extract	13 bottles				7½
Corned Beef	10 cans			2	4
Fruit Pectin	1 can				25
Fruit Pulp	58 cans		10	2	9
Golden Syrup	3 ,,				9
Gooseberry Pulp	3 ,,			2	20
Loganberries	3 ,,				7
Ox Tongue	18 ,,			3	20
Peaches	4 ,,				10
Pears	14 ,,			1	7
Pilchards	1 ,,				1
Pineapple	65 ,,		1	1	22½
Raspberry Pulp	20 ,,		5	0	0
Salmon	16 ,,				19
Sardines	1 ,,				½
Tomatoes	1 ,,				2½

DIVISION 4.

		Tons	*cwts.*	*qrs.*	*lbs.*
Apples		1	15	2	19
Cabbages					15
Carrots		7	17	1	0
Cucumbers			4	3	0
Grapes				1	11
Melons			9	1	0
Onions		1	5	3	15
Oranges		1	10	3	26
Potatoes		58	14	0	0
Strawberries				3	14
Lemons			4	0	16

DIVISION 5.

		Tons	*cwts.*	*qrs.*	*lbs.*
Maize		95	12	0	0
Wheat		1	5	0	0
	Total condemned during 1925	183	15	3	24½

DISPOSAL.

Division 2. Fish jettisoned. Fats used for the manufacture of soap or candles.

Division 3. Bulk to the refuse destructor and destroyed, remainder jettisoned.

Division 4. Most of the potatoes were used for pig-food, the bulk of remainder being sent to the refuse destructor and destroyed, a few small quantities were jettisoned.

Division 5. For use as Cattle Food.

TABLE 43

SHOWING THE FINDINGS OF THE BACTERIOLOGICAL EXAMINATION OF SEA WATER TAKEN AT VARIOUS STATES OF THE TIDE.

Area from which samples were taken	*Results.*
	CRAB AND LOBSTER FISHERIES.
THE NEEDLES OFF TINSIDE. and	*12 samples taken.* In 8 samples Bacillus Coli was present in 1 c.c. ,, 9 ,, ,, ,, ,, 2 ,, ,, 11 ,, ,, ,, ,, 5 ,, ,, all ,, ,, ,, ,, 10 ,,
OUTSIDE PORT SANITARY OFFICE, MILLBAY PIER. and	*12 samples taken.* In 1 sample Bacillus Coli was present in ·1 c.c. ,, 9 samples ,, ,, ,, 1 ,, ,, 10 ,, ,, ,, ,, 2 ,, ,, 11 ,, ,, ,, ,, 5 ,, ,, all ,, ,, ,, ,, 10 ,,
FIRESTONE BAY. and	*12 samples taken.* In 1 sample Bacillus Coli was present in ·1 c.c. ,, 10 samples ,, ,, ,, 1 ,, ,, all ,, ,, ,, ,, 10 ,,
SOUTH EAST OF DRAKE'S ISLAND AND SOUTH WEST. and	*24 samples taken.* In 16 samples Bacillus Coli was present in 1 c.c. ,, 18 ,, ,, ,, ,, 2 ,, ,, 20 ,, ,, ,, ,, 5 ,, ,, 4 ,, ,, ,, Absent 10 ,,
	BATHING PLACES.
LADIES' BASIN NO. 1 and	*7 samples taken.* In 1 sample Bacillus Coli was present in ·1 c.c. ,, all samples ,, ,, ,, 1 ,,
LADIES' BASIN NO. 2. and	*7 samples taken.* I 6 samples Bacillus Coli was present in 1 c.c. ,, all ,, ,, ,, ,, 10 ,,
TINSIDE BATHING BEACH. and	*7 samples taken.* In 1 sample Bacillus Coli was present in ·1 c.c. ,, 6 samples ,, ,, ,, 1 ,, ,, all ,, ,, ,, ,, 10 ,,
LADIES' BATHING PLACE OFF THE PROMENADE PIER. and	*7 samples taken.* In 1 sample Bacillus Coli was present in ·1 c.c. ,, 5 samples ,, ,, ,, 1 ,, ,, 6 ,, ,, ,, ,, 5 ,, ,, all ,, ,, ,, ,, 10 ,,
MEN'S BASIN. and	*6 samples taken.* In 4 samples Bacillus Coli was present in 1 c.c. ,, 5 ,, ,, ,, ,, 5 ,, ,, all ,, ,, ,, ,, 10 ,,
DEVONPORT LADIES' BASIN. and	*5 samples taken.* In all samples Bacillus Coli was Absent in 1 c.c. ,, 4 ,, ,, ,, present in 5 ,, ,, all ,, ,, ,, ,, 10 ,,
DEVONPORT MEN'S BASIN. and	*5 samples taken.* In 1 sample Bacillus Coli was present in 1 c.c. ,, all ,, ,, ,, ,, 5 ,,

TABLE 44

MEDICAL INSPECTION OF ALIENS. PORT SANITARY DISTRICT OF PLYMOUTH.
YEAR ENDING DECEMBER, 1925.

Total number of Aliens arriving at the Port, including those in transit and transmigrants but *excluding Alien Seamen.*		No. of temporary visitors *i.e.*, Aliens whose stay in this Country will not exceed three months.			No. of Aliens who intend to settle permanently or remain in this Country for more than three months.		
Total Number.	No. subjected to medical inspection.	Total Number.	No subjected to medical Examination.	No. of Certificates issued.	Total Number.	No subjected to medical Examination.	No. of Certificates issued.
11929	11245	10096	nil.	1	854	684	8
					Residents returning	....	... 170

ALIENS IN TRANSIT.			TRANSMIGRANTS.	
Total number	No. subjected to Medical Examination.	No. of Certificates issued.	Total Number	No. subjected to Medical Examination.
572	nil.	nil.	407	nil.

The term " inspection " relates to the preliminary inspection of aliens as they pass before the Medical Inspector.

The term " Medical Examination " relates to detailed medical examination.

PARTICULARS RELATING TO DETAILED MEDICAL EXAMINATION OF ALIENS.

Aliens, who were subjected to detailed medical examination, and were not Certified by Medical Inspector ... ... nil.

Number of each of the following certificates issued by the Medical Inspector of Aliens

- (*a*) Certificate that an alien is a lunatic, idiot or mentally deficient 1
- (*b*) Certificate that for medical reasons it is undesirable that an alien should be permitted to land ... ... nil.
- (*c*) Certificate than an alien is suffering from some disease, defects or deformity which may interfere with his capacity to support himself or his dependants 6
- (*d*) Certificate that an alien is suffering from one of the acute infectious diseases 2
- (*e*) Certificate that for the purposes of an adequate medical examination it is necessary for the alien to land in order that he may be examined ashore ... ... nil.

TRANSMIGRANTS.

Number of certificates of the cleansing of verminous transmigrants given by the Medical Inspector of Aliens to the Immigration Officer ... ... nil.

Number of medical certificates in respect of transmigrants suffering from trachoma, favus, etc., given to the Immigration Officer ... ... nil.

PARTICULARS RELATING TO ALIEN TRAFFIC.

Total number of passenger vessels carrying aliens which arrived during the year	521
Number of passenger vessels dealt with by the Medical Inspector of Aliens	521
Total number of cargo vessels carrying alien passengers which arrived during the year	43
Total number of cargo vessels dealt with by the Medical Inspector of Aliens	43
Any other vessels in connection with which the Medical Inspector has had to take action in regard to aliens	nil.

TABLE 45

CHIEF BRITISH AND FOREIGN PORTS WITH WHICH PLYMOUTH HAS TRADE.

IMPORTS.

Baltimore	Grain.
Brest, Ghent, La Paix, Paimpol, Plougastel, Perros, Roscoff, St. Malo, Treguier	Potatoes, Green Peas, Strawberries, Cauliflowers, Carrots, Onions, Parsnips and Brandy.
Buenos Ayres	Grain.
Melbourne and Sydney	Grain.
Odessa and Novorossisk	Grain.
Antwerp	Carrots, Onions, Potatoes, Sugar, Parsnips and Lard.
Montreal, Quebec, Vancouver	Grain.
Iquique	Nitrate
Hamburg	Sugar, Potatoes, Onions, Machinery, Toys Enamelware, Musical Instruments, Hardware, Kanite, Granite and Glassware, etc.
Amsterdam and Rotterdam	Sugar, Potatoes, Lard, Onions, Carcases of Pigs, Cheese, Carrots, Paper, Fruit Pulp, Glass (bottles), Cream of Tartar, and Hardware, etc.
Gothenbeurg	Timber, Matches and Wood goods
Karachi	Grain.
Tampico	Grain.
St. John's Newfoundland	Codfish.
Basrah	Grain.

Channel Islands	Fats of Sorts, Fruit and Vegetables.
Aberdeen	Potatoes.
Bristol	Fruit, Vegetables, Paint, Oils, and Cattle Foods.
Belfast	Potatoes, Fruits, Vegetables, Government Stores and Bacon, etc.
Blyth	Coal.
Cardiff	Coal and Flour.
Cork	Oats, Butter and Salted Pork.
Dundee and Kirkcaldy	Potatoes.
Glasgow	Fruit, Vegetables, Canned Goods, Dried, preserved and fresh Fruits. Flour and Sugar.
London and Liverpool	Same as Glasgow.
Newcastle and Sunderland	Coal.
Swansea	Coal and Flour
Waterford	Oats and Margarine

EXPORTS.

Fish is sent to Spain and Italy in barrels, and trawlers take large cargoes to Germany.

Pitch is sent to France.

China Clay is sent to Germany and America.

TABLE 46.

PLYMOUTH VITAL STATISTICS, 1914—1925.

Year.	*Estimated Mid-year population.*	*Birth-rate per 1,000 population.*	*Death-rate per 1,000 population.*	*Infant Mortality per 1,000 Births.*
1914 ...	212421	23·7	15·5	109
1915 ...	187911	19·9	17·4	119
1916 ...	184473	21·6	16·1	90
1917 ...	179375	19·3	16·4	96
1918 ...	179629	19·1	18·9	96
1919 ...	181967	21·6	15·4	85
1920 ...	189218	26·3	14·1	74
1921 ...	199860	21·2	12·3	77
1922 ...	200370	19·6	14·2	74
1923 ...	193017	19·4	12·5	50
1924 ...	192900	18·1	14·1	81
1925 ...	**197378**	**18·1**	**12·1**	**63**
105 Great Towns during 1925 ...		18·8	12·2	79
157 Small Towns during 1925 ...		18·3	11·2	74
England and Wales during 1925 ...		18·3	12·2	75

A NOTE ON CANCER

OR MALIGNANT DISEASE

By The Medical Officer of Health for Plymouth.

Cancer in its early stages is **Curable.** It is **Possible at Present to Cure 75 per cent. of Cancer Cases if only they are discovered early.** In trying to cure the disease, doctors are greatly handicapped by the reluctance of patients to seek **Early Advice.** Therefore don't "wait and see," but let a doctor "look and see."

The following facts about Cancer should be known by every person over 30 years of age :

Sores, Cracks, Lacerations, Lumps and Ulcers which do not heal, and Warts, Moles or Birthmarks which change in size, colour or appearance, may turn into cancer unless they are treated early.

Cancer at the beginning is usually **Painless** and its onset for this reason is especially insidious and dangerous.

Cancer is at first a small local growth which can be safely and easily removed by proper surgical or other treatment.

Every Lump in the Breast should be examined by a doctor.

Persistent and abnormal Bleeding may be due to a cancer.

Probably 60 per cent. of cancers of the Bowel are first regarded as Piles ; so insist on a thorough medical examination.

Continued Irritation in some form is the usual cause of cancer. It rarely results from a sudden injury.

It is much better and cheaper and far more comfortable to avoid cancer than to suffer from it. So be on the watch for early symptoms, and remember that few diseases are so easily cured as early cancer.